

C: CUSTOMER DECLARATION AND SIGNATURE

• I/We, the undersigned, request ABC Banking Corporation Ltd to issue to me/us with a:

UPI MasterCard Debit Card

• I/We confirm the information given above is complete and true.

• I/We confirm that I/We have read the ABC Banking Debit Mastercard terms and conditions and unconditionally agree to be bound thereby.

Date

.....
Signature of Primary Cardholder

.....
Signature of Secondary Cardholder



Office Use Only

We confirm that:

Customer is KYC compliant

Correspondence Address: Confirmed Change requested

Client Type: Individual Group Staff Bank Staff International Banking

Input by	Signature	Date
.....

Verified by	Signature	Date
.....

Processed by	Signature	Date
.....

Approved by	Signature	Date
.....

Service Unit Seal