



APPLICATION FOR ATM FACILITY
(ATM CELL, UFFIZI COMPLEX-BASEMENT
338 AVINASHI ROAD, COIMBATORE 641004)

NAME OF THE BRANCH	BRANCH CODE	CUSTOMER ID	DATE
NAME OF THE ACCOUNT:		APPLICATION NO	
ACCOUNT NUMBER		DATE OF BIRTH	D D M M Y Y Y Y
ADDRESS			PLEASE AFFIX STAMP SIZE PHOTO

I have read and accepted the terms and conditions* (a copy of which I am in possession of) governing the opening of an account with KVB and those relating to various services of VISA electron Debit Card including but not limited to (a) ATM (b) POS Terminals.

CUSTOMER'S SIGNATURE

OFFICER/ MANAGER'S SIGNATURE

*Branch may please ref frs.com



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