

## Application form for Issuance / Re-issuance / Blocking of Debit Card

I wish to apply for Bank of Baroda Debit Card		Name of the Branch		
My/Our Account Type	ccount Number			
Request for				
New Re-issuance Card	Blocking Card A	ccount Link / Delinl	K	
1. Name				
Date of Birth	Gende	er Male	Female Third Gen	der
(DD / MM / YYYY)				
Name as required on card				
(Not to exceed 20 characters) (No Nicknam	nes) (Please leave one bl	ank space in betwee	en each name)	
*In case of re-issuance, the name of debit card shall be	as available in account name			
2. Card Variants (Tick any one)				
VISA Classic VISA F	latinum	Baroda BPCL NC	MC VISA Vyapaar	
RuPay Classic NCMC RuPay	Platinum NCMC	RuPay Select NCI	MC	
Mastercard Classic Master	card Platinum	VISA Infinite (Opul	ence)	
VISA Signature Male (Sapphire)		VISA Signature fer	nale (Sapphire)	
bob World Yoddha NCMC bob W	orld Agniveer NCMC	bob World Dronacl	narya	SCAN TO KNOW MORE
bob World Pudhumai Penn NCMC		Any other		
*The debit card variant shall be applicable for issuance		/		
3. Mobile No.	E-Mail			
4. Existing Debit Card No.  CARD WILL BE DELIVERED TO THE AV.			VOUD DANK ACCOUNT	
FOR NRI's THE DEBIT CARD APPLIED S  ☐ I confirm that I have the required manda ☐ I/We authorize Bank Of Baroda to issue ☐ I/We further unconditionally and irrevoca	te to operate the account a Debit cum ATM card to	singly. me/us t my/our account anr	nually for Debit Card fees/	charges.
I/We have received, read and understood the ter and conditions and to any changes made therei the sole account holder or have the required ma of age. I/We understand that upon issue of Debit will be deactivated.	ms and conditions governing n from time to time by the Ba ndate to operate the accoun	g the usage of the Debit ank at its sole discretio It linked to the Debit Ca	t Card. I/We accept to be boun n without any notice to me/uand and singly and that I/We have	s. I confirm that i am completed 18 years
I/we understand and undertake that the usage of of any failure to do so, I/We will be liable for act Reserve Bank of India from time to time.				
I/We accept full responsibility for my/our Debit C	•	,	·	
The Bank reserves the right to disclose, in strict of as may be necessary or appropriate in connection			ation concerning the Debit C	ard holder's account
I hereby, give my consent for renew				
In case of non-renewal, please visit I hereby, give my consent to receive products, services, offerings, secur	Online/Offline promoti			-
p	,			
(Applicant's Signatur (In case of joint	re) account holders, all acco	·	unt Holder/s Signature) their signatures)	
Date :		·	anch Code :	
For use in Branch	Name of the Officer		Signature	
Signature verified by			<u> </u>	
Eligibility verified by				

Toll free No.: 1800-5700