



# THE VERAVAL MERCANTILE CO-OPERATIVE BANK LTD. ધી વેરાવળ મર્કન્ટાઈલ કો-ઓપ. બેન્ક લી.

## Application for Block / Cancellation / Re-Generate of PIN of RuPay Debit Card

To,  
**The Manager**  
 The Veraval Mercantile Co-Operative Bank Ltd.

Date :

Sir,

**Subject**  Block  Block & Re-Issue  Cancellation  Re-Generate of PIN

<b>Branch</b>	<b>A/c Type</b>	<b>A/c Number</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>
		<b>Debit Card No.</b>
		<input type="text"/>

I Mr. / Mrs. / Ms. / Mas.

having RuPay Debit Card of your Bank. Due to following reason I / We request you to kindly,

Action For Rupay Debit Card	Reason
<b>Block RuPay Debit Card</b>	<input type="checkbox"/> Lost / Misplaced <input type="checkbox"/> Any Other Reason (Specify) :-
<b>Cancellation of RuPay Debit Card</b>	<input type="checkbox"/> Wrong Name Printed <input type="checkbox"/> Wrong A/c Number Linked <input type="checkbox"/> Wrong Card Issued <input type="checkbox"/> Any Other Reason (Specify) :-
<b>Re-Generate of PIN for RuPay Debit Card</b>	<input type="checkbox"/> PIN Mailer Misplaced <input type="checkbox"/> Forgotten my PIN <input type="checkbox"/> Any Other Reason (Specify) :-

Further I/We agree to pay charges as per Bank's terms and condition and authorize to debit charges to My / Our above account.

I / We request you to kindly Block / Cancellation / Re-Generate of PIN of RuPay Debit Card as per terms and conditions of the Bank.

<b>Yours Faithfully,</b>	<b>Card Number</b>	<b>Card with</b>	
	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature of Card Holder	Signature of Second A/c Holder	Signature of Third A/c Holder	Signature of Fourth A/c Holder

### For Office Use Only

We have verified signature and KYC of above card holder and request to Re-Generate PIN / Block Card / Cancellation of RuPay Debit Card as per requested. The Card's is with Bank / Customer.

<b>Date</b>	<input type="text"/>	<input type="text"/>
<b>Branch</b>	<input type="text"/>	

Signature of Authorized Officer/Manager with Code Stamp

If any Note :-

Administrative Office : 'SUVAS', 1st Floor, Junagadh Road, VERAVAL - 362 266.  
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