



To,  
The Branch Manager,  
Swatantrya Senani Late Shripal Alase (Kaka)  
Kurundwad Urban Co-op Bank Ltd; Kurundwad.  
Branch : -

Date: -  
Ref. No.:-

Sub : Duplicate ATM PIN / CARD REGENERATE / BLOCK Request Form.

*ATM CARD TYPE	
<input type="checkbox"/>	Regular
<input type="checkbox"/>	Instant

(Please USE BLOCK LETTERS only-All fields marked " \*" are MANDATORY)

\*Name On the Card :-

\*ATM / Debit Card No. :-

\*Account No. :-

\*Customer ID :-

PLEASE INDICATE THE INSTRUCTION THAT YOU WISH TO SEND BY TICKING THE APPROPRIATE BOX(S)

- 1. ATM Card PIN regeneration request -
- 2. ATM Card block request -
- 3. ATM Debit Card re-issuance request -
- 4. Reason for above: -----

**\* Note : For duplicate card regenerate / ATM PIN generation the bank may levy charges as applicable.**

Full Name of Customer / Cardholder

Signature of the Customer / Cardholder

**For Bank Use Only**

- 1) Confirmed Registered Mobile No. as per system.
- 2) Confirmed Address as per system.
- 3) Verified Signature of customer are correct as per system.
- 4) Account details are correct.

Customer Signature for having Verified

Authorizer's / Approval Signature

**Customer Copy**

Acknowledgement Duplicate ATM PIN / CARD REGENERATE / BLOCK Request

Ref. No.

Name On the Card :

Name of Customer / Cardholder : \_\_\_\_\_

Request for: -	
1. ATM Card PIN regeneration request	<input type="checkbox"/>
2. ATM Card block request	<input type="checkbox"/>
3. ATM Debit Card re-issuance request	<input type="checkbox"/>
4. Reason for above: -----	

Acknowledgement Date: \_\_\_\_\_

Branch Name: \_\_\_\_\_

**\* Note: For duplicate card regenerate / ATM PIN generation the bank may levy charges as applicable.**

Signature of Bank Official: \_\_\_\_\_