



# Shrimant Malojiraje Sahakari Bank Ltd; Phaltan

Head Office : Mudhoji Manmohan Rajwada Parisar, Phaltan

Ph. : 02166-222573, 225573 Email : ho@malojirajbank.com

## REQUEST FOR ISSUE OF DUPLICATE CARD / RE-PIN / CANCELLING ATM CARDS

To,  
Branch Manager,  
Branch Name  
Dear Sir,

Date:

I request for the following activities relating to my captioned ATM card.  
(Please Tick  mark whichever applicable)

Duplicate Card       Re-generate PIN       Cancelling Card

Card Holder Name : \_\_\_\_\_

ATM Card Name :

Card Status :    1) Damage                     2) Lost/ Stolen/ Expired                     3) Re-generate PIN

- I am enclosing my existing ATM card, which has been damaged. Please issue me the duplicate ATM card. I authorize the Bank to Debit my account number \_\_\_\_\_ with the duplicate card charge is Rs. \_\_\_\_\_
- I hereby request you to cancel my ATM card for my card is lost/ stolen/expired and issue me a duplicate card. I authorize the Bank to Debit my account number \_\_\_\_\_ with the duplicate card charge is Rs. \_\_\_\_\_

I do not intend to lodge a Police Compliant/FIR. I confirm that my Lost ATM Card has not been misused and all the trabsactions carried out through my Lost ATM Card prior to Hot Listing & debited to my account have been done by me only. I am aware that filing of police complaint is necessary in case my ATM Card is misused.

- I have forgotten the PIN allotted to me for captioned ATM card. Please issue me a fresh PIN to enable me to operate the ATM card. I hereby authorize you to debit to my account number \_\_\_\_\_ with the Re-PIN issued charge is Rs. \_\_\_\_\_  
Please arrange to issue a regenerated PIN at the earliest.

I undertake the responsibility o any debits that occur in may account due to loss / damage / stolen / expired of my card. I accept that the information us true and correct. I have agreed to the terms and conditions.

Yours Faithfully,

(Signature of the cardholder)

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

### For Branch Use Only

To  
The Manager,  
Head Office, Phaltan

Date:

Customer from our branch \_\_\_\_\_

Has reported lost/damage/stolen/expired for the ATM card No.

Please arrange to the above mentioned activities to enable him/her to access ATM services

Branch Official Signature

Branch Manager

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

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

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

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