Bank of Baroda (Botswana) Ltd.

Application form for BANK OF BARODA (BOTSWANA) LTD. DEBIT CARD/ ATM CARD

I wish to apply for Bank of Baroda (Botswana) Ltd Debit Card/ATM Card Name of the Branch.....
(use separate form for each account holder)

My / Our Account Type ☐☐☐ Account Number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐

- I confirm that I have required mandate to operate the account singly.
- I/we authorize Bank of Baroda (Botswana) Ltd. to issue a Debit Card / ATM Card to me/us.
- I/we further unconditionally and irrevocably authorize you to Debit my/our account annually for Debit Card / ATM Card fees/charges.

The particulars are as under:

1. Name ☐☐☐☐☐☐☐☐ ☐☐☐☐☐☐☐☐ ☐☐☐☐☐☐☐☐
First Name Middle Name Surname

Date of Birth ☐☐ ☐☐ ☐☐☐☐ Gender : M / F Omang No. ☐☐☐☐☐☐☐☐☐
(DD / MM / YYYY) Passport No. ☐

Name as required on card ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
(Not exceed 20 characters) (No Nicknames) (Please leave one blank space between each name)

2. Address for Communication (Postal Address)

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Tel. No. ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Mobile No. ☐☐☐☐☐☐☐☐☐☐☐ Email .....

3. Physical Address

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DECLARATION /DEBIT CARD UNDERTAKING

I/we have received,read and understood the terms and conditions governing the arrange of the Debit Card/ATM Card. I/we accept to be bound by the said terms and conditions and to any changes made therein from time to time by the bank as its sole discretion without any notice to me/us. I confirm that I am the sole account holder or have the required mandate to operate this account linked to the Debit Card/ATM Card singly and that I/we have completed 18 years of age.

I/we understand and undertake that the usage of the Debit Card/ATM Card shall be strictly in accordance with the exchange control regulations and in the event of any failure to do so, I/we will be liable for action under foreign exchange regulations and the amendments thereof stipulated by Bank of Botswana from time to time.

I/we accept full responsibility for my/our Debit Card/ATM Card and agree not to make any claims against Bank of Baroda (Botswana) Ltd. in respect.

(Applicat's Signature)

(Other Account Holder/s Signature)
(in case of joint account holders,all account holders shall put their signatures)

Date ..... Branch Code ☐☐☐☐☐☐

For use in the branch	Name of the Officer	Signature
Signature verified by		
Eligibility verified by		