



## ATM CARD BLOCKING FORM

To,  
Branch Manager

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

\_\_\_\_\_ Branch,  
SHRI ARIHANT CO.OP. BANK LTD.

Re : Request for Blocking of ATM cum Debit Card.

Bank Account No. (12 digit) 

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ATM Card No. (16 digits) 

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I would like you to BLOCK my ATM cum Debit Card due to following reasons (pick tick) :

It is lost or misplaced.

Any other reason (please specify) \_\_\_\_\_  
\_\_\_\_\_

I would also like you to reissue the ATM cum Debit Card (Charges will be levied, as applicable, by debit to my A/c no. 

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)

\_\_\_\_\_  
Customer's Signature

### FOR BANK USE

Date of Receipt : \_\_\_\_\_ Time of Receipt : \_\_\_\_\_

Card Block Date : \_\_\_\_\_ Card Block Time : \_\_\_\_\_  
\_\_\_\_\_  
Officer's Signature



## ATM CARD BLOCKING RECEIPT

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

Dear Mr./Mrs. \_\_\_\_\_

Re : Request for Blocking of ATM cum Debit Card No./Account No. \_\_\_\_\_

We refer to your letter/request dated \_\_\_\_\_ received by us on \_\_\_\_\_ at \_\_\_\_\_ Hrs for blocking the cap-tioned card/card issued on the account.

In this connection we invite your attention to the terms and conditions for issue of ATM/Debit cards in terms of which a minimum time period of 24hours is required for effecting the request for blocking and the Bank will neither entertain any claims nor be held liable for any loss suffered by the customer due to misuse of the card in the interim period.

We would also like you to note that once the card is reported lost/stolen/damaged, and the same has been blocked, the card cannot be used again, even if found subsequently.

Thank you.

Yours Faithfully,

Manager/Accountant  
SHRI ARIHANT CO.OP. BANK LTD.