**Annexure-A**

**Application Form for Business/ Classic Debit Card for partnership firm**

Branch Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Application \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (Firm to whom card is to be issued)

M/s

Name of partner Desired on Debit Card (Name of the partner authorized)

Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father's/Spouse Name   
Address:

(0)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Pin

Address:

(R)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Pin

Tel. No. (R) \_ Tel. No. (0)

Mobile No e-mail ID   
**Details of Current Account Number: ‑**

Maximum permissible amount of withdrawal per transaction: 1. Rs.\_\_\_\_\_\_\_\_\_\_\_\_

2. No limit (Tick as applicable)

We would like to receive the Card and PIN Mailer at (Please tick one option)

1. Office Address.
2. Will collect personally from the Branch

**DECLARATION FOR DEBIT CARD UNDERTAKING :-**

We have read and understood the Terms and Conditions governing the usage of Union Bank Debit Card. We accept to be bound by the said terms and Conditions or to any changes made therein from time to time by the Bank at its sole discretion without notice to us.

1. We in our capacity as partners of the firm hereby indemnify the Bank jointly and severally in consideration of the Bank for issuing the Business debit card to the said firm.

2. We declare that we are the partners of the said firm and shall continue to be as such till any notice to contrary in writing is served on the Bank. We undertake to forthwith intimate to the Bank of any change in the structure i.e. any addition or retirement of the partners and any reconstitution of the partnership firm and continue to be liable for any use of the debit card till such reconstitution is registered with Bank.

3. We confirm that any financial or non financial transaction by the said partners authorized to have Business debit card will be binding on the firm.

4. We confirm that Bank will not be responsible for the acts of commission and omission of the partners authorized to use debit card and undertake not to make any claim direct or indirect against the Bank for any act of negligent or default of the authorized partners issued with the debit card.

5. We shall at no point of time raise any objection or claim on any transactions and the Bank is well within the law to deem that said transactions so effected as valid and binding transactions conducted by the partnership firm represented by all its partners in the said current account.

6. We hereby confirm and consent that the partnership firm and all its partners shall be liable jointly and severally for the transaction done by the partners authorized to use business debit card and the Bank shall have no liability of any nature in allowing them to operate the said current account using business debit card.

7. In the event of any instructions to block use of the debit card by the partner authorized such instructions should be submitted to the Bank by all the partners except the partner in whose name the debit card has been issued. Bank shall on receipt of any such request within reasonable time block the said card and till Block of the debit card we shall be responsible for any transactions carried out in the debit card by the said authorized partner.

8. In the event of loss or misplace of the business debit card, we shall take immediate steps to inform the Bank of such loss/misplace of the card and Bank shall take steps to block the use of the said debit card. We further undertake that for issue of a new business debit card a fresh application shall be made to the Bank all the partners jointly.

9. We, agree to forthwith surrender the debit card upon request by the Bank, or retirement, death of the partners authorized to use the debit card.

10. We jointly and severally as partners of the firm agree that we shall abide by the rules and regulations stipulated by the Bank from time to time in relation to the operation of the Business debit card.

11. We accept full responsibility for my/our Debit Card and agree not to make any claims against Union Bank of India in respect there to. I/we agree to provide any information from my/our account to Union Bank of India.

NAMES OF PARTNERS (Full Personal Signatures)

(In BLOCK letters)

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Place\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_