

RETAIL PREPAID GIFT CARD APPLICATION FORM

To,

Date:

Branch Manager,

_____ Branch

I wish to apply for the TJSB Prepaid Gift Card.

A) APPLICANT DETAILS

Name:

Address:

City:

Pin code:

State:

Mobile Number:

Email ID:

Customer Number:

Account Number:

Relationship with Beneficiary: Self / Family / Employee / Other

B) BENEFICIARY DETAILS

Sr.	Name	Mob. No.	Email ID	D.O.B.	Amount
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

* Minimum amount Rs. 500/- & Maximum amount Rs. 10,000/-

C) DECLARATION

I hereby apply for the issue / replacement of TJSB Bank Gift Card to me and declare that the information provided by me in this application form is true and correct and that I am a Resident Indian and that I am eligible to apply for this card.

I hereby authorize TJSB Bank to debit my above-mentioned account for the purpose of funding and processing my prepaid card application.

I accept that TJSB Bank is entitled at its discretion to accept or reject this application without assigning any reason whatsoever.

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I agree to use the card to pay for purchases at retail establishments, which have agreed to accept the card, and are equipped with a point-of-sale terminal that can process RuPay transactions.

I agree that if I permit someone else to use my card, TJSB Bank will treat this as if I have authorized that person to use my card and I will be responsible for any transactions initiated by such person with my card. Upon any purchase via a point-of-sale device the amount available on the card will be reduced by the amount of such purchase.

I hereby declare that card will be solely used for bona fide and legitimate purpose ensuring full transparency and in compliance with applicable laws and regulations.

I understand and agree that all available amounts at the time of expiry of the card should be claimed within 3 months from the date of expiry of the card and balance amount if any will be credited only to the account of the PPI purchaser.

I have read the terms and conditions applicable to TJSB Bank Prepaid Gift Card. I agree to be bound by terms and conditions as may be in force from time to time.

Date:

Applicant Signature

FOR BRANCH USE ONLY

Employee ID:

Employee Name:

Date:

Employee Signature:

Branch Name:

Branch Stamp: