

Baroda Gift Card Refund Form

То			Date:
The Branch Manager,			
	Branch,		
	APPLI	CANT'S INFC	DRMATION
* NAME IN FULL:			
* DATE OF BIRTH/ DATE OF INCO	DRPORATION:		(dd/mm/yyyy)
* ADDRESS:			
CITY:	PO	STAL CODE	COUNTRY:
* MOBILE NUMBER:		EMAIL ID:	
	DETAILS OF	ULTIMATE BE	ENEFICIARY
NAME :			
CONTACT MOBILE NUMBER:_		COMM	IUNICATION ADDRESS:
		PAYMENT DE	
		ATWENT DE	
ACCOUNT NUMBER SB/ CURR	ENT/ OD/ CC:		
I hereby authorize you to credit n	ny account with the balan	ce amount on t	the cards and also the applicable card fee.
Card Amount: Ksh			
Signature of Purchaser/account h			
DECLARATION			
card. I/We hereby declare that par	ticulars given herein are tr e genuine. I/We also ack	ue, correct and nowledge that	d other statutory requirements applicable to respective prepaid complete to the best of my knowledge and belief; the documents as part of purchasing this card, I/We will be not be able to visit on.
Customer Signature(s)			
	F	OR BRANCH	USE
In case of non customer, obtain co	py of photo identity and Ac	ddress proof and	d keep it along with the application.
URN:La	st 4 digits of Card:	Card s	shall be deactivated within 24 hours from the time of cancellation.
Signature of the applicant verified			
Entered by:			Authorised by:

I hereby authorize you to credit my account toward the amount available on the cards and also the applicable card fee.

CardAmount:Ksh. _____ Fees:Ksh. ____ Total:Ksh. _____ Signature of Purchaser/ account holder(s): ______ ACKNOWLEDGEMENT: Received Cheque/authority to debit Account for Ksh. _____ Against issuance of : _____ Baroda Gift Cards vide Application serial No. _____ dated _____

Signature of Branch Official:

Cancellation/Refund | Ksh. 60