सगरमाथा फाइनान्स लिमिटेड
SAGARMATHA FINANCE LIMITED

ATM CARD APPLICATION FORM

Date: ____/____/_____

Sagarmatha Finance Limited

…… (Head Office/Branch)

Dear Sir/Madam,

I/We hereby request you to issue SMB ATM Card to me/us, to be operated through my under declared account(s).

Account's Details:

Account Type: Saving Current Others (Specify)…….

Account No.: ……

Details of Account Holder/s:

Full Name: Mr. / Mrs. / Ms. ……

Correspondence Address: ……

Correspondence Address: ……

Telephone No.: …….. (Office) …….. (Resident)……..

Mobile: …….. Fax: …….. Email: ……

Mandate:

I hereby confirm having read & understood the **Terms & Conditions** applicable to the issue & use of **SAFAL ATM Card (Automated Teller Machine Card)** as stated in the reverse thereof and agree to be bound by them.

Thank You

……

Applicant's Signature

********** **FOR OFFICE USE ONLY** **********

Application Received Date: …….. Card Issued Date: ……

…….. …….. ……..

Application Checked By Verified By Card Issued By

CARD NUMBER: ……