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Date:	

$\frac{Application \ for \ Enabling/Disabling \ International\ /\ Domestic\ /\ E-COM\ /}{Contactless \ on\ Debit\ Card}$

Customer Id: Account Number: Debit Card Number (Only Last 4-digit): I confirm that I am a regular user of HDFC Bank Debit Card and am familiar with its terms and condition. Since I frequently use my Debit Card, I would like to Enable/Disable below mentioned facility for my Debit Card which is linked to above mentioned Customer Id / Account number. I would like to request for below: Usage Type International Enable Disable Domestic Enable Disable Transaction Type * ON OFF Transaction Limit ATM Rs. POS Rs. ECOM Rs. Contactless Rs. Contactless Rs. *Please tick on Required Usage and Transaction Type I understand that this is being done only basis my request and I am fully aware of the risks associated with the same. I agree and accept that the above terms and conditions shall be in addition to the Terms and Conditions shared at the time of account opening. (See overleaf for Terms and Conditions) All requests need to be accompanied with original Photo ID proof and a self-attested copy of the same. I am attaching a copy of (Mandatory): Date of Signing: Aadhar Card PAN Card Passport Other Customer Signature: Date of Signing: Customer Signature: Date of Signing: Sign: Branch Code: Part of Request Received: J J	Customer Name:			
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International Enable Disable	frequently use my Debit Card, I wou	uld like to Enable/Dis a	able below mention	
International Enable Disable		ge Tyne		
Domestic Enable Disable	0000	50.760		
Transaction Type * ON OFF Transaction Limit ATM Rs. POS Rs. ECOM Rs. Contactless Rs. *Please tick on Required Usage and Transaction Type I understand that this is being done only basis my request and I am fully aware of the risks associated with the same. I agree and accept that the above terms and conditions shall be in addition to the Terms and Conditions shared at the time of account opening. (See overleaf for Terms and Conditions) All requests need to be accompanied with original Photo ID proof and a self-attested copy of the same. I am attaching a copy of (Mandatory): Adhar Card PAN Card Passport Other Customer Signature: Date of Signing: CUSTOMER COPY We acknowledge receipt of your request for debit card usage modification. Card no.: XXXXXXXXXX Customer ID: mp Id: Sign: Branch Code: mp Id: Sign: Branch Code:	International	Ena	able	Disable
ATM Rs.	Domestic	Ena	able	Disable
POS	Transaction Type *	ON	OFF	Transaction Limit
ECOM				
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Card no.: XXXXXXXX Customer ID:		CUSTOME	ER COPY	
mp Id: Sign: Branch Code:	We acknowledge receipt of you	ur request for deb	it card usage mo	dification.
	Card no.: XXXXXXXX Customer ID:			
Pate of Request Received:/	Emp Id:	Sign:	Br	anch Code:
	Date of Request Received:	//		



APPLICATION FOR ENABLING/DISABLING INTERNATIONAL / DOMESTIC / E-COM / CONTACTLESS ON DEBIT CARD

Terms and Conditions

- ✓ The maximum daily transaction limit cannot exceed the card limits.
- ✓ Daily ATM withdrawal limit is Maximum Rs. 2,00,000/-
- ✓ Ecom and Contactless daily limit cannot exceed the POS limit.
- ✓ Maximum daily contactless limit Rs. 20,000/- for domestic and Rs. 50,000/- for international usage.
- ✓ Single Transaction limit for contactless transaction is Rs. 5,000/-

I accept the above terms and conditions and authorize bank to make changes on my debit card as requested.

Customer Signature:	Date of Signing:
*************	*************
For I	Bank use:
Signature and Stamp of Inputting Staff	Date:
Signature and Stamp of Approving Staff	Date:
Branch Code Branch Name_	