

**Freedom Prepaid Card KYC Application Form**

**Know Your Customer (KYC) Form For Upgrading Card**

**Name of Applicant**

Mr/Mrs/Ms :

Surname :

First :

Middle Name :

\*Card No.:

\*Add on Card No.:

(Mentioned on the reverse of your card)  
(eg. S000 XXXXX XXXXX)

**Mother's Maiden Name:**

Date of Birth:  DD  MM  YY  YY

Nationality:  Indian  Others (Please specify) \_\_\_\_\_

Status:  Resident  Non-Resident Gender: M  F

Occupation:

**Permanent Address for Correspondence**

City/Town:

Postal Code:

State:

**Contact Details**

Tel.(office):

Tel.(residence):

Mobile:

Email ID:

**Gross monthly Income**

Less than ₹ 5,000  ₹ 5,000 - ₹ 12,000

₹ 12,000 - ₹ 25,000  ₹ 25,000 - ₹ 50,000

Above ₹ 50,000

Do you want DCB Value Saver Savings Account:  Yes  No

**Insurance Plans (Optional)**

Plan	Products	Risk Covered	Coverage Amount	Premium in ₹.	Please tick if opting for
Plan:1	Lost Card Insurance	Fraudulent usage	₹.3,000	₹5/- per year	<input type="checkbox"/>
Plan:2	Personal Accident Insurance	Death & Permanent Total Disability	₹.1,00,000	₹5/- per month	<input type="checkbox"/>
Plan:3	Health Individual - Self Only	Inpatient Hospitalization	₹.20,000	₹75/- per month	<input type="checkbox"/>
Plan:4	Health Floater - Self + Spouse	Inpatient Hospitalization	₹.20,000	₹100/- per month	<input type="checkbox"/>

**Nomination**

I have nominated the following mentioned person as nominee to receive the benefits under the Personal Accident insurance

Nominee's Name:

Nominee's Relationship to the Card Holder:

Guardian's Name:

(In case the nominee is minor)

**Details of spouse for the Health Floater Insurance Cover:**

Name of the Insured member:

Date of birth:  DD  MM  YY  YY

Relationship with the insured:

Sum Insured:  Premium:

Pre-existing diseases: Self  Spouse

This insurance coverage will commence from the 1st day of the following month, from the date of issuance of card to you. Coverage is subject to remittance of the premium by ItzCash to Insurer and approval of application from insurer. Kindly Refer to the terms and conditions on web site.

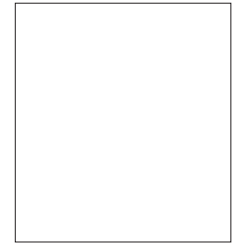
I have completely understood the terms and conditions for availing insurance cover

\*To be filled by ICW  Signature of The Applicant

**Acknowledgment**

Serial no:  Amount received:

Date:  DD  MM  YY  YY  ICW Code:



Card No.:

The document submitted along with this form should not be more than three months old ad on the date of submission of this form (All documents to be self attested)

Documents: Please submit ANY ONE of the following valid document and tick (✓) against the document attached (proof of address)

- Latest bank account statement or Latest pass book issued by nationalised/scheduled bank
- Latest energy bill (Electricity or Mahanagar gas) bill no.
- Ration card no.
- Latest telephone bill/mobile bill no.
- Registered lease/sale agreement of residence
- Passport no.
- Voter Id no.
- Other document \_\_\_\_\_

Please submit ANY ONE of the following valid document and tick (✓) against the document attached (proof of identity)

- Passport no.
- Voter Id no.
- UIDAI card no.
- PAN Card

(Mandatory for activating the upper limit of 600000 (six lakhs) per annum)

- Other document \_\_\_\_\_

**Declaration**

I have read, understood and hereby agree to abide by the terms & conditions, rules and regulations and other statutory requirements applicable in respect to the Freedom Card ("Prepaid Card"). I understand that access to any changes / updates in the terms and conditions applicable to this relationship shall be available only on the website of Itz Cash Card Ltd. consumer.itzcash.com I hereby declare that the particulars and information given in this application Form (and all documents referred and provided therewith) are true, correct, complete and up-to-date in all respects and to the best of my knowledge and belief and that I have not withheld any information. I understand that certain particulars given by me are required by the operational guidelines governing banking companies. I agree and undertake to provide any further information/documentation as and when required by Itz Cash Card Ltd, Development Credit Limited ("DCB Bank", "the Bank") or its authorized agents. The documents submitted along with this application Form are genuine and I am not providing this Form in contravention of any Act, Rules, Regulations or any statute or legislation, or any notifications, directions issued by any governmental or statutory authority from time to time. I hereby undertake to promptly inform Itz Cash Card Limited, (Business Correspondent of DCB Bank ), 10<sup>th</sup> Floor, Times Tower, Kamala City, Senapati Bapat Marg, Lower Parel, Mumbai - 400013, of any changes in the information provided herein above and agree and accept that Itz Cash Card Limited and DCB Bank are not liable or responsible for any losses, costs, damages arising out of any actions undertaken or activities performed by them on the basis of information provided by me as also due to my non intimation/delay in initiating such changes. . I hereby agree to use the Prepaid card within Reserve Bank of India specified limit and for all transactions with prescribed merchants for the products/services as mentioned by the merchant on this Application KYC form & website and further agree not to use it for any unlawful purposes/activities. I will neither abet nor be a party to any illegal/criminal/money laundering activities undertaken, using this Prepaid card. I also agree to abide by the Terms and Conditions regarding usage of this Prepaid card. I agree and understand that Itz Cash Card Ltd. and DCB Bank reserve the right to reject the application without providing any reason or reference to me. I agree that the Prepaid card can be downgraded to an essential services card by Itz Cash Card Ltd. and/or DCB Bank in the event that KYC documents provided by me are not as per the requirements of DCB Bank. I agree and understand that DCB Bank reserves the right to retain the application forms and the documents provided therewith including photographs and shall not return the same to me. I shall not hold Itz Cash Card Ltd and DCB Bank responsible for furnishing of the processed information/data/products thereof to other Banks/Financial Institutions/Credit Providers/any statutory and regulatory authority.

Place:

Date:  DD  MM  YY  YY

SIGNATURE OF THE APPLICANT

NOTE: The Customer is advised not to disclose/share ATM PIN and IPIN, CVV with anyone. Itz Cash Card Limited & DCB Bank Ltd. shall not be held responsible or liable for any fraud or misuse of the Prepaid Card

ICW Code:

Checked and verified by:  (ICW Name & Stamp)

Signature & Stamp