ATM APPLICATION FORM

CONTINENTAL swiss

Please complete in BLOCK LETTERS

Account Information

Account Type

Account Number

Account Name
(Surname, Middle name, Last name)

Card type Master Card ☐ Visa ☐ American Express ☐ Card Pin

Billing Address
(Not P.O.BOX Address)

(City) *(State)* *(Country)*

Email address

Mobile phone Office Phone

I declare that the above information is correct. I acknowledge receipt of terms and conditions applicable to CONTINENTALSWISS Debit-cum-ATM Card/ ATM Card and I have read and accepted the same. I hereby request the Bank to issue me a Tri State Steel Bank Debit-cum-ATM Card/ ATM Card and to recover the applicable charges/fees from time to time to the debit of my primary Account

Applicant's signature

Date DD MM YYYY

Account Details (*For official purpose only)*

This Division shall contain your account name and login details upon confirmation of information submitted to us.

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Kindly note *that this part is not to be filled by you or any individuals, but only by bank officials in charge of your account*

Name on Card
(Surname, Middle name, Last name)

Account Number Card Type

Account Pin Card Number Card Pin

Account Officer's signature

Date DD MM YYYY

All applications and complains should be submitted to support@continentalswiss.com Details will be reviewed and confirmed For more info on ATM and billing system visit our web site www.continentalswiss.com