

## Draft of Stamped Indemnity for Reactivation or Replacement of INR Prepaid Card (To be Stamped as per the Stamp Act Prevalent in the State)

To  
The Branch Manager Axis Bank Ltd

Date: \_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_ [Customer Name], residing at \_\_\_\_\_ [Full Address],  
holding the INR Prepaid Card account/ number \_\_\_\_\_ [Card Number],  
hereby declare and confirm the following:

Card/ Account holder Name : \_\_\_\_\_  
Card/ Account Number : \_\_\_\_\_  
Card/ account Product Name : \_\_\_\_\_  
Issuing Bank/Entity : **Axis Bank Ltd**  
Issue Date : \_\_\_\_\_

I request the following action for my INR Prepaid Card:  Replacement of a Deactivated card  Withdrawal of balance from Deactivated Card/ Account

I confirm that I am the lawful owner of the card and all transactions performed using this card were/are done with my knowledge.

I hereby irrevocably and unconditionally agree to indemnify and hold harmless Axis bank Ltd, its employees, and representatives from any loss, liability, or claim that may arise from or in connection with the or withdrawal of balance / replacement of the card, including but not limited to:

1. Unauthorized transactions performed before or after this request
2. Any misuse of the card due to loss or theft
3. Incorrect details provided in this form
4. Misuse of credentials

I confirm, that the information provided in this form is accurate to the best of my knowledge. I understand and agree that the bank/service provider reserves the right to approve or deny this request based on internal policies.

Signature of the Card/ account holder : \_\_\_\_\_

For Official Use Only:

Signature : \_\_\_\_\_

Name : \_\_\_\_\_

Date : \_\_\_\_\_

Phone Number : \_\_\_\_\_

Received By : \_\_\_\_\_

Employee ID : \_\_\_\_\_

Date of Receipt : \_\_\_\_\_

Email ID : \_\_\_\_\_