

**Addition of Name**  
(To be filled in if you apply for adding a joint applicant)

Note: First account holder cannot be replaced

Date: 

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To, \_\_\_\_\_  
Branch Manager  
Branch Name and Code: \_\_\_\_\_

Addition of Name in A/C No. 

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Dear Sir / Madam,

I / We holding a savings account in your Bank in the name/s of .....

Please add the name of ..... to the Account.

Provide Customer ID, if the new joint applicant is an existing customer – Customer ID 

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Provide the following documents in case the joint applicant is new to Ujjivan:

1. Account Opening Form
2. Identity Proof\*
3. Address Proof\*
4. Photographs

*\*As per KYC norms*

The Mode of Operation of the above Account after the addition of the name will be:

- Either or Survivor     Former or Survivor     Anyone or Survivor     Jointly     Later or Survivor

**Declaration**

I/We hereby confirm that all other existing instructions shall remain the same. I/We understand that the terms of the account remain the same. I/We have read and understood the terms and conditions governing opening of an account with Ujjivan Small Finance Bank Ltd., and those relating to various services including but not limited to (a) ATMs (b) Phone Banking (c) Debit Card (d) Net banking. I/We accept and agree to be bound by the said terms and conditions including those excluding/limiting the bank's liability. I/We understand the bank may at its absolute discretion, discontinue any of the services completely or partially without any notice to me/us. I/We agree that the bank may debit my/our account for any service charges as applicable from time to time. I/We hereby declare that the information furnished above is true and correct to the best of my/our knowledge.

Sincerely,

\*(NAME AND SIGNATURES OF ALL THE EXISTING ACCOUNT HOLDERS)

\*(SIGNATURE OF THE APPLICANT/S TO BE ADDED)

*\*In case of current account obtain request on a company letter head along with latest board resolution.*

**Acknowledgement**

I/We acknowledge the receipt of customer modification instruction pertaining to addition of name from Mr./Mrs. \_\_\_\_\_  
\_\_\_\_\_ relating to customer ID \_\_\_\_\_ under service request number \_\_\_\_\_

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

Bank Official  
for Ujjivan Small Finance Bank Ltd. (Sign and seal)

