

Customer Request Form

Y				
Service Request No	Date of Request			
anch Name Branch Code				
I/We hereby request and authorize the bank to initiate p	processing request basis the instruction provided below			
Customer Name (as in Bank A/C)				
Customer ID:				
Account Number:				
KYC Required	KYC Not Required			
Change of Address	Mobile Number Update / E-mail ID Update			
Communication Office/Business(only for CA)	Existing Mobile Number			
Permanent	New Mobile Number			
Flat/H.NO:	Existing E-mail ID:			
Locality and street:	New E-mail ID:			
Land mark:	Alerts: SMS E-mail			
City: State:	Alerts De-registration (except SA): SMS E-mail			
Country: Nationality:	E-statement registration:			
PIN code:	Internet banking and mobile banking			
Document proof for address change:	(Applicable only for Individual accounts)			
Aadhar Driving license Passport	Mobile Banking: I want to Register De-register.			
Others(Please specify)	Internet Banking: I want to Register De-register.			
Account Details Maintenance	Statement / Passbook			
Aadhar Number:				
PAN Number:	Duplicate Passbook: Physical Statement required			
Others: Activation of dormant accounts				
(Self attested KYC proof to be provided)	From Date: D D M M Y Y Y Y			
Reason: Out of station Residence shifted	To Date: DDDMMYYYYYY Consolidated statement of all accounts from			
Other Reason				
(I/We confirm balance available in A/c as on date is				
; please activate above account for	(Charges if any may be debited from my/our account) ATM /Debit card			
which KYC documents have been				
submitted)	Block or hotlist the debit card number:			
Account Upgradation / Downgradation				
Request for my account with A/c	Reason for blocking the card:			
number to be converted to a	Lost Damaged Others			
account.	Re-issue of Debit card (Charges if any may be debited			
I/We hold the above account(s) with	from my/our account):			
(Branch Name)(Branch Code).	Reason for Re-issue of debit card:			
2. I/We have attached our KYC copies with the number	Issue of New debit card			
(Only in case of account transfer from BSBDA	Name to be printed on the card:			
to Regular Savings Account).				
3. I/We agree to the terms and conditions related to the product	Debit card PIN Re-issuance:			
being upgraded/downgraded to.	Reason for Re-issuance:			
Tea	· Off			





Y	Accol	ınt Transfer		
Request for transfer of my/	our SB/CA/RD/FD A/c:		from	
	(Branch name/code) to		(Branch name/code) .	
Reason for transfer	.			
1. I/We hold the above acc	count(s) with	(Branch name 8	code).	
2. I/We request you to tran	sfer the captioned account(s). The ne	w address proof is enclose	d / shall be provided within 6 months at	
the transferee branch				
3. I/We request you to tran	sfer / not transfer the CIF. (Applicable	where all accounts are no	t transferred. Where all accounts are	
transferred or there is only	a single account, the CIF will be man	datorily transferred.)		
4. I/We understand that if CIF is not transferred, my Home Branch will continue to remain the same.				
TDS certificate / FD advice / Balance Certificate Balance confirmation certificate (for mentioned account) as on Date: D D M M Y Y Y Y Y				
Interest Certificate request for the period: From DDMMMYYYYYTODDMMMYYYYYY				
Duplicate FD Advice: FD A/c no. 1 FD A/c no. 2				
RD Passbook: New Duplicate : (Charges if any will be debited from my/our account)				
	Cheque book request	_// Stop Payment Requ	est	
No. of Cheque book/s to be				
Savings Account:		ent Account: Le	aves per book	
Stop payment request(s) o	. , ,	т		
Cheque No.	Amount	Payee Name	Reason for Stop Payment	
Cheque Series	to			
· -	ay be debited from my/our account(s))	.	_	
(Charges II arry IIIa	• • • • • • • • • • • • • • • • • • • •	al of charges		
Date of debit:	Amount of debit: Nature of charge:			
Signature verification	n / Photo Attestation request :(Charges if any may be debited from my/our account)			
Any Other				
Please specify				
Signature of the custo	omer (as per bank record)			
Signature of 1st Holder		Signature of 2 nd Holder		
	For Off	ice Use Only		
Request received date :	O D M M Y Y Y Y			
Request accepted by:		mployee Number:		
Signature:	Serivce Reques	t number:		
	MAKER ID	:	CHECKER ID:	
DESIGNATION:		DESIGNATION:		
	SIGNATUR	RE:	SIGNATURE:	
<u>****</u>		ear Off:×××××××	************	
		wledgement		
Customer ID/Account No.:				
Service Request No.:				
-		Stamp and signature of official		
Date of Request: DDD	A M Y Y Y Y			
Request related to:				