

SERVICE REQUEST FORM



FROM (Name): _____ DATE: _____

ACCOUNT NO. _____ MOBILE NO: _____

To : The Branch Head, _____ Branch _____

I/we are maintaining the above account with your branch & request you to offer services as requested below. I/we agree with the terms & conditions/rules for governing the captioned account.

PLEASE TICK THE BOX

- 1. ADD MODIFY DELETE Email ID. _____
- 2. Issue Duplicate Pass Book / Statement from Date _____ to Date _____
- 3. ADD MODIFY DELETE Mobile No. _____
- 4. Register Mobile No. * _____ for SMS Alerts
- 5. Issue of DUPLICATE FIXED DEPOSIT receipt: FD Receipt No. _____
- 6. ADD MODIFY AADHAAR Card No. _____ PAN _____
- 7. Transfer Rs. _____ from A/C No. _____ to A/C No. _____ on _____ Date of Week/Month/Quarter.
- 8. Stop payment of Chq No. _____ to _____ Dated _____ Reason _____
- 9. Add the name(s)* _____ as Joint holder(s) & Change the Mode of Operation to _____
- 10. ADD MODIFY NOMINEE _____ Relation: _____
- 11. Change of NAME* from _____ Reason: _____ NEW NAME _____
- 12. DELETION of Jt. Holder(s)* _____
- 13. Change of MODE OF OPERATION to _____
- 14. Change ADDRESS* _____
- 15. Cancel Pay Order. _____ dtd _____ for Rs. _____ issued in the name of _____ for reason _____
- 16. Update Signatures against our A/c no.* _____
- 17. Convert account from MINOR TO MAJOR. Change Mode of Operation to* _____
- 18. Part Closure FD/ Close Account No.: _____ Amount _____ Reason _____
 - Pay Cash Issue PO/DD Transfer to account no. _____ IFSC _____

PLEASE STRIKE OUT REQUESTS THAT ARE NOT APPLICABLE & TICK THE APPLICABLE REQUEST(S)

I / We the undersigned declare that the above information is correct and hereby further authorize you to debit my / our above accounts towards the necessary fees / charges, if any.

SIGN OF A/C HOLDER 1

SIGN OF A/C HOLDER 2

SIGN OF A/C HOLDER 3

SIGN OF A/C HOLDER 4

PLEASE ATTACH DOCUMENTS FOR UNDERMENTIONED REQUESTS

DUPLICATE FD RECEIPT	Indemnity bond.
ADDITION OF NAME AS JOINT HOLDER	Three PP size photo, Officially valid proof of Identity (PAN) & Proof of Address and Customer Details Form.
CHANGE OF NAME	Marriage Certificate (where applicable) / Copy of Gazette Certificate.
DELETION OF NAME	Death Certificate (where applicable)
ACCOUNT CLOSURE	Passbook, Cheque Book
CHANGE OF ADDRESS	Officially valid Address proof (Aadhaar/Voter-ID/DrivingLicense/Passport)

FOR BRANCH USE ONLY

Form contents checked, Account details & signatures verified and data updated in Computer Systems

Entered By: Staff No, Sign & Date

Verified by: Staff No. Signature of the Verifier &

BANK REMARKS: