

SERVICE REQUEST FORM

Please fill the form in BLOCK LETTERS and tick the required service/s.

Application Date / /
 DD MM YYYY

Account Name

Account Number

Customer ID

Change of Address

(In case of Joint Applicants, each applicant to fill a separate form. Proof of new residential / registered address is mandatory)

Residential / Registered Address Correspondence Address Both

Flat / Room No. Floor Block / Tower

City Pin/Zip Country

Change of Contact Details

Residence Phone

Country Code Area Code Number

Office Phone 1. 2.

Country Code Area Code Number

Mobile Phone 1. 2.

Country Code Number

Email Address

Stop Payment

Please stop payment of the following cheques and debit charges to my / our account.

	Cheque No.	Reason
1.	<input type="text"/>	
2.	<input type="text"/>	

For Stop Payment of Cheque in Series:

Cheque No: From To Total Number of Cheques

Reason

Duplicate Statement

Please issue duplicate statement of account & debit charges as applicable to my / our account.

Statement From: / / To / /
 DD MM YYYY DD MM YYYY

Delivery Instructions: Send to mailing address by post Email to registered ID To collect from Branch

Cheque Book

Please issue Cheque book and debit charges to my / our account.

Delivery Instructions: Send to mailing address by courier / registered post* To collect from Branch

*Courier / Registered Post charges as applicable

Bank Confirmation

Please issue Bank certificates for: Address Confirmation Account Confirmation Balance Confirmation

as on / / and debit charges to my / our account.

Delivery Instructions: Send to mailing address by courier / registered post* To collect from Branch Send to auditor's address by courier / registered post*

Address of Auditors:

Flat / Room No. Floor Block / Tower

City Pin/Zip Country

*Courier / Registered Post charges as applicable

Change of Name

I request you to please update my name in your records. I submit herewith the name change document:

Existing Name

New Name

Reason for Change in name

Change of Signature

I hereby request you to update my new specimen signature in your records:

Existing Signature

New Signature

Account Closure

I / We wish to close our above account with you. I / We confirm that I / we have destroyed the unused cheque leaves/

surrender the following cheque leaves to

I / We confirm that there are no cheques issued by me / us are unpresented till date. The Bank would not be liable for any dishonor of cheques presented for the above accounts as the same would no longer be valid and available for operation.

Please close the account & pay proceeds after deduction of charges if any.

Cashiers Order in name of

Wire Transfer to my / our account as per details below:

Account Number CCY

Account Name

Bank Name

Swift Code Additional Information

Fixed Deposit Maturity Instructions

I / We request you to change the maturity instructions of the foWowing Fixed Deposits

Deposit Numbers

Do not Renew Renew Principal & Interest Renew Principal & Pay Interest

Payment Mode for Principal & Interest:

Credit to Account Cashiers Order Transfer to Other Bank

Account Number

Account Name

Bank Name

Swift Code Additional Information

Delivery Instructions for Cashiers Order Send to mailing address by courier / registered post* To collect from Branch

*Courier / Registered Post charges as applicable

Premature Encashment of Fixed Deposit (Premature Liquidation is not allowed on Non- Withdrawable Deposit)

I / We hereby request to premature encash the following Fixed Deposits and understand that premature encashment is subject to terms & conditions as stated in the schedule of charges and is at the sole discretion of the bank.

Deposit Numbers and pay by

Credit to Account Cashiers Order Transfer to Other Bank

Account Number

Account Name

Bank Name

Swift Code Additional Information

Delivery Instructions for Cashiers Order Send to mailing address by courier / registered post* To collect from Branch

*Courier / Registered Post charges as applicable

I/We understand that the Bank will not be liable for any delay or failure to carry out above instructions where such delay / failure is attributable to any cause beyond the Bank's control including any equipment malfunction or failure and under no circumstance shall the Bank be responsible to me / us for any consequential or indirect losses arising out of or in connection with the carrying out or otherwise of my/our instruction. I/We understand that the Bank reserves the right not to process any request with or without notice if this form is not accurately or properly completed, including, without limitation, the adding of any special instruction by me/us that is not provided, for in the fields set out in this form. I/We have read the general terms & conditions & agree to be bound by them.

Signature

Signature

Signature

Name

Name

Name

For Bank Use Only

Account Opening Date / /
DD MM YYYY

Signature Verified By Charges debited Yes No Amount

Processing Date / /
DD MM YYYY

Inputter (Name & Employee Code)

Authoriser (Name & Employee Code)