Pimpri Chinchwad Sahakari Bank Maryadit, Pimpri

Customer Request Form

DATE: /   /

AC NO : _____

To
Branch Manager,
Pimpri Chinchwad Sahakari Bank Maryadit, Pimpri.
Branch- PIMPRI
Dear Madam/Sir,

Kindly Accept My Request as follows - (please tick box for the service/s which desire to be change).

1. ☐ **For Issue of Cheque Book:** Please Issue Cheque Book for my / our Saving/Current/CC Account as i/we have   lost requisition slip.

2. ☐ **For Closer of Deposit Account:** Please close my/our SB/CA/RD A/c _____ and credit the amount in my/our SB/CA/OD A/C_____ or pay in cash (if permitted) or By PO/DD/NEFT.

3. ☐ **For Issue of Duplicate Passbook Account:** Please issue a duplicate passbook for my/our SB/RD/Loan Account.

4. ☐ **For Mobile No.:** Please update my new mobile No_____.

5. ☐ **For SMS Alert:** Please Star / Stop SMS Alert Facility on my/ our SB / CA / FD / RD/ Loan A/c._____.

6. ☐ **For e-mail ID:** Please Change / Update my e-mail ID to _____.

7. ☐ **For Cancellation of PO/DD:** Please cancel the PO / DD No._____issued on_____ in favour of _____ as it no longer needed by me. Debit charges if any and pay me the remaining amount in Cash or Transfer to SB/CA/CC A/C No._____.

8. ☐ **Account Statement:** Please provide me/us Account Statement from _____to_____.

9. ☐ **For Name Addition / Deletion:** Please Addition / Deletion in name for my / our A/c.

ADD New Name -	Delete Old Name –
1)	1)
2)	2)
3)	3)

10. ☐ **Change of Name / Address:** Please change my /our name / address.

Old Name /Address	New Name /Address
Name: Address:	Name: Address:

11. ☐ **For Change in Mode of Operation:** Please Change in Accounts Mode of Operation ☐ Self ☐ Jointly by ☐ Jointly or Survivor ☐ either or Survivor Any or Survivor ☐ Former or Survivor ☐ Latter or Survivor.

12. ☐ **For Signature Verification:** I am writing this letter to request you to kindly verify my signature below as per bank records for the purpose of _____. I am ready to pay the applicable charges for the same.

13. ☐ **For Cheque Stop Payment:** We hereby request you to kindly stop the payment of the cheque bearing no._____ dated _____ Issued in favor of _____ for a sum of _____The cheque was issued under our Saving account bearing number _____ maintained at your branch.

Also if/we submitted our latest KYC documents for specific requesting.
I/We have read and agree to abide by bank's terms and conditions and force and the changes thereto in terms and conditions from time to time relating to my / our communicated and made available on the bank's website.

Yours Faithfully,

Signature(s) of Customer
Full Name:

_____ **Branch Use Only** _____

As request by the customer the application was verified, confirm and send to the A.O.C Deparment for updating the information in CBS.
O/W No: **Date:**

Maker Signature: **Chaker Signature:**

_____**Head Offlce Use Only**_____
As per Barnch request the application processed and information is updated in CBS.
O/W No: **Date:**

Maker Signature: **Chaker Signature:**