

CUSTOMER REQUEST FORM (CRF)



दि दमन एण्ड दिव राज्य सहकारी बैंक मर्यादित
The Daman & Diu State Co-operative Bank Ltd.
Head Office : H.No. : 14/54, Dilip Nagar,
Nani Daman-396 210

To,
The Branch Manager
The Daman & Diu State Co-operative Bank Ltd.

Branch

Date

I/We (Customer's Name)

CUST ID:

Account Number:

1. Mobile Related Alerts:

Mobile Alerts Registration

Mobile Alerts Deregistration

2. Mobile/Phone No. Change Request:

a) Landline No. Update (Res.) (With STD Codes):

b) Landline No. Update (Off.) (With STD Codes):

c) Mobile: +91 New Mobile No. +91

3. Email ID (For E-Statement Registration):

Email ID:

4. PAN Update:

5. AADHAAR Card No. Update:

6. Change of Address: A. Communication i) Residence ii) Office

(Please leave a space between two words) B. Permanent

New Address

Building/Road Name*

Village/City/Town* Dist.

P.O. P.S.

State* PIN Code*

Landmark

Document for Address Proof (Mandatory for change in Mailing Address)

Document Identification Number* Issuing Authority

Place of Issue Issuing Date

*To be filled as Mandatory Valid Till

7. Change of Name

Reason for name changing:

Existing Account Name

New Account Name

(Please Attach the Supporting Document)

8. Correction in Father's Name

Old Name

Rectified Name

(Please Attach the Supporting Document)

9. Change in DOB

Old DOB

Rectified DOB

- ☐ Please Attach the Supporting Document
☐ If the difference between the Old Date of Birth and New Date of Birth is beyond 5 years, a separate Customer Declaration will be required.

10. Change in Mode of Operation (MOP)

1.Single ☐ 2.Either or Survivor ☐ 3.Former or Survivor ☐ 4.Jointly ☐

11. Standing Instruction _____

12. Duplicate Statement From date To Date (will be changed as applicable)

13. New Cheque book ☐ No. of books 14. Passbook ☐ 15. Print Nominee Name

16.Account Activation ☐ Please activate my account. (For individual A/c, kindly attach KYC document of (all account holders, For non-Individual All, attach NYC document of the entity)

*Reason for not operating the Account _____

17. Scheme code conversion Existing scheme code New scheme code
(please attach MID/KYC/necessary supporting document)

Label Code _____
(Mention label code for conversion to salary account)

I agree to maintain account balance as per requirement of new scheme code & have read & understand the terms & conditions and applicable Schedule of charges /MID

18. Stop Payment Request (will be charge as applicable) Request received at (time) _____ on _____

Payee's Name : _____ Date of Cheque(s)

Cheque number(s) _____ Amount _____

Reason for Stop Payment _____

19. Debit card Debit Card Number _____

☐ Deactivation

20. Any other (Please specify) _____

-----Declaration-----

I/We hereby declare that the information furnished above is true and correct to the best of my/our knowledge.
I/We hereby confirm having read and understood all the terms & conditions for the request initiated by me/us.
I/We agree that Bank may debit my account for service charges plus taxes as applicable from time to time.

Date:

Place: _____

Customer's Signature

-----For Branch Office Use Only-----

Certified that this Request Letter is complete in all respect & all relevant documents are obtained & verified. The request may please be processed. The CRF has been personally submitted by the Customer and the customer has signed the form and all associated documents in my presence. I have satisfied myself about the identify of Customer by verifying his/her KYC document & also his/her signature in Bank's records. I have done proper due diligence for updating the records of the Customer on his/her request at non-base branch/base branch.

Name of Employee _____ Signature _____

Employee Code _____ Designation _____

Branch _____

Date _____

Approved by (Branch Manager) _____
(With Stamp & Employee ID)

Risk Categorization - Low ☐ Medium ☐ High ☐ PEP ☐