

# SERVICE REQUEST FORM FOR CHANGE IN CUSTOMER INFORMATION



Branch Name: ..... Branch Code: ..... Date : .....

## Basic Details

Name

Account Number  CRN

Mobile No.

## I. Change Of Address

(Please provide the new address below)

Present  Permanent  Address of Correspondence

Flat No./Bldg. Name

Road Name

Landmark  City/Town/Village

District/State  Pin Code

Country

Reason for Change of Address .....

Document For Proof Of Address: (Please Tick)

- Passport/Driving License/ Voters ID/Aadhaar/NREGA  Letter issued by National Population Registry/Utility Bills
- Letter from HR (only for Approved Salary Accounts)  Letter of allotment of accommodation
- Property or Municipal Tax Receipt/Pension or family pension payment orders
- Updated Passbook/ Bank Statement/Letter from Ministry of Defence/PSUs

## II. Change In Name (Enclose Relevant Documents)

New Name: ..... Reason for Change: .....

## III. Update Contact Details : (Please Provide The New Contact Details Below)

Tel (Off)   Ext.  Tel (Res)

Mobile  Fax No.

Email

## IV. Updation Of PAN/Aadhaar/Other KYC Documents

- PAN  Aadhaar Details  Other KYC Documents (Please Furnish Copies Of The Documents)
- PAN NO.
- Aadhaar No.
- Please seed my Aadhaar No. for Direct Benefit Transfer
- Please cancel my Aadhaar No. from Direct Benefit Transfer
- Other Documents:**  
Nature of Document : .....  
Document No .....

## V. Signature Change

Request for Signature change  
(Declaration to be obtained)

Existing Signature

New Signature



**VI. Change In Status From Minor To Major**

The above account was opened when I was a minor and the same was represented by .....  
As I have completed age of 18 years as on ....., I request you to convert my account to a major account and remove the name of the guardian from the account. I enclose the following documents as identity and address proof along with the account opening form.

Details of Identity Proof : .....

Details of Address Proof : .....

Please paste  
photograph and  
sign across

Signature of the Primary holder (Major)

Attestation by the Guardian

Name: .....

Name: .....

**VII. Appointment Of Letter Of Authority Holder/Power Of Attorney Holder**

**Letter of Authority**

(To be signed, if customer desires to give letter of authority to a third party for operating the account)

I/We hereby authorize you to honour all cheques or drafts on the above account/s....., and to accept and act upon receipt for money deposited with or owing by the Bank on any account or accounts at any time or times kept or to be kept in the above account with the Bank provided such cheques or drafts are signed by Mr./Mrs. ...., whose specimen signature is attested by me/us below, notwithstanding that such cheques or drafts may create overdrawn or to increase it to any extent. Mr./Mrs. ...., is also authorized on my/our behalf to make, draw, accept, endorse and negotiate or otherwise sign any Hundies, Bills of Exchange and Promissory Notes or other Negotiable Instruments, to operate or overdraw on the above account with your Bank, to receive payments of all money due to me/us, to acknowledge- edge debt or debts due from me/us, or to me/us, as to bind me/us to pledge or hypothecate to the Bank any stocks or other form of securities belonging to me, any one or more of us on my/our behalf to borrow either with or without security to withdraw necessary documents relating to my/our business with your Bank including guarantees, to issue guarantees on my/our behalf with or without security, to apply for and obtain ATM/Debit Card or such other instruments linked to my above account, and operate the above account through ATM or any other delivery channels.

I/We hereby agree to ratify and confirm all and whatsoever this letter of authority holder shall lawfully do or cause to be done in the premises by virtue of this letter of authority, and hold the bank indemnified from all such transactions. This authority shall continue to be in force until I/We revoke it by a notice in writing delivered to you.

**Power of Attorney**

( to be furnished if the account is operated by POA holder)

I/We hereby authorize you to permit the operations in the account as per the POA executed by me in favour of ..... copy of which is enclosed.

Name of the LOA/POA holder : .....

Address of the LOA/POA holder : .....

Contact No : .....

Email ID : .....

ID Proof (DOC Name & No.) : .....

Address Proof (DOC Name & No.) : .....

Passport size  
photo of the  
LOA/POA holder

Signature: Customer 1

Signature: Customer 2

Specimen Signature of LOA/POA Holder

(For Office use) CRN of the LOA/POA Holder: .....

