

Date:

D	D	M	M	Y	Y	Y	Y
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[illegible]

Tick only the type of Request to be effected

Reason for Name Change: _____

New Name:* _____
 (as per ID Proof)

Short Name:* _____ **(FOR DEBIT CARD)**

(Maximum 20 Characters, should not be a nickname)

***I confirm using the PAN No. updated in the bank records for my Income Tax returns filing and indemnify the bank for any loss that may occur due to updating this PAN.**

Nature of Business: * ☐ Manufacturing ☐ Service Provider ☐ Stock Brokers ☐ Real Estate ☐ Retail Trader ☐ Wholesale Trading ☐ Others _____

Details of Activity:*

Annual Turnover (Rs. Lac):*										Whether Involved in (*If applicable):			Import	Export	Registered address type:*		Owned	Rented/Leased
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[illegible]

Nature of Industry:*

- | | | | | | |
|--------------------------------------|---|--|--|--|---|
| <input type="checkbox"/> Automobile | <input type="checkbox"/> Retail Jewellery | <input type="checkbox"/> Fisheries/Poultry | <input type="checkbox"/> Transportation/ Logistics | <input type="checkbox"/> Textiles/Garments | <input type="checkbox"/> Fertilizers/Chemicals/Seeds/Pesticides |
| <input type="checkbox"/> Petrol Pump | <input type="checkbox"/> Furniture/Timber | <input type="checkbox"/> Cement/Paints | <input type="checkbox"/> IT/Software/BPO | <input type="checkbox"/> Printing/Publishing | <input type="checkbox"/> Electronics/Computer Hardware |
| <input type="checkbox"/> Contractor | <input type="checkbox"/> Broking | <input type="checkbox"/> Engineering Goods | <input type="checkbox"/> Media/Entertainment | <input type="checkbox"/> Travel/Tour Agency | <input type="checkbox"/> Issue & Portfolio Management |
| <input type="checkbox"/> Oil | <input type="checkbox"/> Advt. Agencies | <input type="checkbox"/> Pharmaceuticals | <input type="checkbox"/> Construction | <input type="checkbox"/> Marble/Granite | <input type="checkbox"/> Hospital/Nursing Home/Clinics |
| <input type="checkbox"/> Consultancy | <input type="checkbox"/> Restaurants | <input type="checkbox"/> Hotel/Resorts | <input type="checkbox"/> Steel/Hardware | <input type="checkbox"/> Agricultural Products | <input type="checkbox"/> Fast Moving Consumer Goods (FMCG) |
| <input type="checkbox"/> Education | <input type="checkbox"/> Forex Dealer/Bullion | <input type="checkbox"/> Consumer Durables | <input type="checkbox"/> Dairy/Food Processing | <input type="checkbox"/> Leasing & Hire Purchase | <input type="checkbox"/> Term Lending Institutions |
| <input type="checkbox"/> NBFC | <input type="checkbox"/> Chit Funds | <input type="checkbox"/> Money Lender | <input type="checkbox"/> Shroff | <input type="checkbox"/> Housing Finance | <input type="checkbox"/> Auto Finance <input type="checkbox"/> Others |

New Signature* (to be updated in Bank Records)

New Signature*

****In case customer wishes to change from signature to thumb impression, Nomination to be attested by 2 witness**

Witness 1 Name: _____

Witness 2 Name: _____

Witness Address: _____

Witness Address: _____

Witness 1 Sign: _____

Witness 2 Sign: _____

Place: _____ Date:

D	D	M	M	Y	Y
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Place: _____ Date:

D	D	M	M	Y	Y
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Please fill in the below details for Change of Operating Instructions request:

Joint Account Number*	New Mode of Operation			
<input type="text"/>	<input type="checkbox"/> Former or Survivor	<input type="checkbox"/> Either or Survivor	<input type="checkbox"/> Joint	<input type="checkbox"/> Anyone or Survivor
<input type="text"/>	<input type="checkbox"/> Former or Survivor	<input type="checkbox"/> Either or Survivor	<input type="checkbox"/> Joint	<input type="checkbox"/> Anyone or Survivor
<input type="text"/>	<input type="checkbox"/> Former or Survivor	<input type="checkbox"/> Either or Survivor	<input type="checkbox"/> Joint	<input type="checkbox"/> Anyone or Survivor

Following are the terms for change request: • The fresh / new Signature(s) and / or Operating Instructions would be valid once the changes are updated in the system. The Bank will not be responsible for return/dishonour of any such old outstanding / unpaid cheques / debits / requests and which are still in transit and yet to be received / actioned by the Bank and not in the conformity with the fresh / new Signature(s) and / or Operating Instructions Change request. • In case, where the Operating Instructions have been changed from Singly or Either or Survivor to Joint Operations, the ATM/Debit cards would be hotlisted / discontinued automatically. • I/We have read, understood and are agreeable to the terms mentioned above.

Receipt Date:

D	D	M	M	Y	Y
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Receipt Date: We acknowledge the receipt of instructions for: ☐ Change of Name ☐ Change of Signature ☐ Change of Operating Instructions

Customer Name: _____ Customer ID/Account No.: _____

Name of Bank Official: _____ Signature of Bank Official: _____

**SIGNATURES

*All holders to sign only in case of change of operating instructions.

1st Applicant

(as currently updated in bank records)

Name: _____

2nd Applicant

(as currently updated in bank records)

Name: _____

3rd Applicant

(as currently updated in bank records)

Name: _____

FOR BANK USE

Date:

D

D

M

M

Y

Y

Branch Code:

☐ Signature Verified

☐ CSIMP

☐ MLM (Entities)

☐ Biometric/ Added due diligence has been carried out
(Applicable for Name/Signature change)

☐ Banned Dedupe Verified
(applicable for name change)

Form accepted by: Employee ID: _____

Sign: _____

BDA Verification: Employee ID: _____

Sign: _____