



CUSTOMER REQUEST FORM

Please strike off the fields which are not applicable

For Branch Use Only (Encircle Requested SR/s)

Table with 9 columns numbered 1 to 9 for branch use only.

To, The Branch Manager,

Utkarsh Small Finance Bank Ltd. Branch Branch Code : Date Of Request :

Customer Name :

CIF No.: Account No.:

(The contact information provided will be updated in all the Retail Accounts'.)

Loan Account Number

(The contact information provided will be updated in all the Loan Accounts'.)

Credit Card Number :

(The contact information provided will be updated in all the Credit Cards'.)

1. Mobile Number Update & Alerts Registration (Include Country Code) : This subscribes to all alerts including value Added Alerts. Changeable for saving Accounts. Includes fields for Country Code, STD Code, Contact Number, and a checkbox to unsubscribe from value Added Alerts.

5. a) Country of Residence b) Tax Reference No.

6. CHANGE OF ADDRESS : A) Communication (a) Residence (b) Office B) Permanent

(Please leave space between two words) (In case of joint holders, each holder needs to fill the separate form.)

Grid for address details.

Landmark\*:

State\*:

City\*: PIN Code\*:

Country\*: Nationality\*:

Document For Proof Of Address (Mandatory for Change in Mailing Address):

Document Identification No. :

Issue Date : Valid Till :

Place of Issue : Issuing Authority :

7. NEW CHEQUE BOOK REQUEST: Number of Cheque Book /s Required :

8. ACCOUNT ACTIVATION- DORMANT/INACTIVE ACCOUNT: REASON FOR NON OPERATION ACCOUNT:

9. DUPLICATE STATEMENT\*: Statement Required From Date: To Date: \*Will be charged as applicable.

I have read and understood and agree to be bound by the Terms and conditions of various products and services including SMS Banking, E-Statement & Internet Banking, including Terms and Conditions related to sharing of relevant information under foreign tax like FATCA, as displayed on www.utkarsh.bank. I agree that the bank may debit service charges plus taxes to my account wherever applicable.

DATE : PLACE : CUSTOMER SIGNATURE :

FOR BANK USE ONLY

Certified that this Request Letter is complete in all respect & all relevant documents are obtained & verified as per mode of operation and signature of the A/C. The request may please be processed. The CRF has been personally submitted by the customer. I have satisfied myself about the identity of the Customer by verifying his/her Debit Card / KYC document & also his / her signature in Bank's records. I have done proper due diligence for updating the record of the customer on his / her request at non-base branch.

Bank Induced Request

Request Received Date :

Request Accepted By :

Request certified by signature :

Forwarded To CPC Date :

Employee Number :

Designation :

Signature:

S.S.No. :

ACKNOWLEDGEMENT TO CUSTOMER

Date of Request Received:

Employee Number:

Signature

Please Note: Your request (request numbers -1-14) will be processed within 2 working days. Addition of joint holders and change of signature will take up to 4-5 working days. Delivery of kits/ cheque books/ statement etc. to your address will take between 5-11 working days if dispatched through courier and 15-17 working days if dispatched through speed post (depending on location)

Customer Name :

Request No.:

Name of the Branch Official:

10	11	12	13	14	15	16	17	18
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**10. DEBIT CARD**

DEACTIVATION OF DEBIT CARD NUMBER:

REACTIVATION OF DEBIT CARD NUMBER:

ISSUE DEBIT CARD DUPLICATIE PIN:

**11. STOP PAYMENT REQUEST**

Number of Cheques: \_\_\_\_\_ Payee Name: \_\_\_\_\_  
Cheque Number(s): \_\_\_\_\_  
Date of Cheque: \_\_\_\_\_ Reason for stop payment: \_\_\_\_\_  
Amount: \_\_\_\_\_

FOR OFFICE USE ONLY.  
TIME OF REQUEST RECEIVED

**12. REVERSAL OF CHARGES**

Date of Debit :  Amount of Debit: ₹ \_\_\_\_\_

I undertake to keep henceforth an Average Monthly / Quarterly / Half yearly Balance of Rs (In case of Average Balance Non-Maintenance Charges only): \_\_\_\_\_

I also acknowledge that all other applicable charges with regards to my account have been communicated to me and I will abide by the same.

**13.  ISSUANCE OF PASSBOOK**

**14. MOBILE NUMBER UPDATE & ALERTS REGISTRATION FOR JOINT HOLDERS:**

(Include Country Code)

Wherever mobile numbers of joint account holders are provided they will receive One Time password (OTP) and transaction alerts on these numbers for transactions initiated by them on ATM, Internet Banking and Mobile Banking as applicable.

Signature of Primary Holder

Signature of 1st joint Holder

Signature of 2nd joint Holder

Signature of 3rd joint Holder

\*Signature of all the holders are required for updating of mobile number/s of joint holders.

**15.  SIGNATURE VERIFICATION**

**16. PRINT NOMINEE NAME\***  Y  N

\*Depending upon the option selected here, nominee name will get printed / not printed on statements, passbooks etc.

**17. CUSTOMER CONSENT FOR AADHAAR ENABLED PAYMENT SERVICES** (Applicable only for Individual Savings Account with Mode of Operation as Singly)

No, I do not want to enable AEPS (Cash Withdrawal/Purchase/Funds-transfer) debit<sup>tas</sup> transaction services for my Savings Account with Utkarsh Small Finance Bank.

Yes, I hereby confirm that I want to avail AEPS (Cash Withdrawal/ Funds-transfer) debit transaction services for my Savings Account with Utkarsh Small Finance Bank.

\*Cash deposit, balance enquiry, account debit through fund transfer and mini-statement services would remain enabled on AePS.  
#In case of non-selection of either options, AePS would remain disabled.  
\$ Customer can enable / disable AePS service in account by submitting request in Utkarsh Small Finance Bank branch.

Signature

**18. ANY OTHER (please Specify)**

I have read and understood and agree to be bound by the Terms and conditions of various products and services including SMS Banking, E - statement & Internet banking, including Terms and conditions related to sharing of relevant information under foreign tax laws like FATCA, as displayed on www.utkarsh.bank. I agree that the Bank may debit service charges plus taxes to my account wherever applicable.

DATE:

PLACE: \_\_\_\_\_ Customer Signature \_\_\_\_\_