



SERVICE REQUEST FORM

Name

Account No. Account Type : Current Saving Recurring

Branch Date

A UPDATE OF PERSONAL DETAILS (Please fill only required changes; Strike off the section if not required)

E-mail address

Mobile No.

Residential No.

Office No.

PAN*

Aadhaar* Please tick here to register your Aadhar number and avail of the benefits that may be offered by the Government of India

Date of Birth*

Passport* Expiry Date

Change of Address

a) Residence

b) Permanent

c) Overseas

d) Correspondence

*Please carry original documents along with a photo-copy as proof for verification by a CIB Bank representative.

B SERVICE REQUESTS (Tick and fill only those are necessary; Strike off the section if not required)

Please note some of these services may be charged Please refer to the latest schedule of charges applicable to your account on www.ca-cib.com

Check Book 10 Leaves 25 Leaves 50 Leaves

Address for dispatch Mailing Non-Mailing

Debit Card PIN request ATM PIN Telephone PIN Reason for Reissue

Debit Card Number

Monthly E-Statement (SOE) Registration (Physical statments will be discontinued automatically. Please ensure E-mail ID of primary holder is updated)

Issurance of Balance Confirmation Certificates as on

Issuance of TDS Certificate / duplicate TDS Certificate for financial year - Quarter Q 01 (Apr-Jan), 02 (Jul-Sep) 03 (Oct-Dec), 04 (Jan-Mar)

Issuance of Interest Certificate for Financial Year -

Duplicate Statement/Passbook to

Please link my CA-CIB Bank Credit Card to the account mentioned above.

Bankers Verification Signature Photo Address Purpose _____

Cancellation/Demand Draft/Banker's Cheque Drawn on _____ DD/BC No. _____

(Please enclose original demand draft/banker's cheque) Dated _____ Amount _____ Favouring _____

Confidential Report Paid Cheque Report Credit Confirmation for the period _____ Purpose _____

C ACCOUNT TRANSACTION RELATED

I/We understand, agree and acknowledge that CA-CIB Bank's schedule of charges, as mentioned from time to time as applicable for service requests.

Erroneous credit / debit in account :
 Cheque No. _____ Date _____ Amount _____
 Drawn on _____

Details of Debit / Credit
 Date of Txn _____ Amount _____

Payable details required
 Cheque No. _____ Date _____ Amount _____

Returned cheque not received :
 Cheque No. _____ Date _____ Amount _____
 Drawn on _____ deposited at _____

Any Other Request _____

DECLARATION MANDATORY

I/We hereby declare that all details provided in this form are true and correct and supported by valid documents enclosed with this form. I/We accept and agree that this declaration shall be in addition to any other declaration provided by me/us with respect to the facility provided by CA-CIB Bank and agree to indemnify and keep CA-CIB Bank indemnified from any loss, damage, claim action, costs, charges and expenses which CA-CIB Bank may suffer or incur as a result of any defect/misrepresentation made by me/us in the above declaration.

Signature (1st Account Holder)	Signature (2nd Account Holder) (To be signed by the holder making the request)	Signature (3rd Account Holder)

ANNEXURE I : MOBILE NUMBER DECLARATION

I _____ am holding the
 afore-mentioned account with CA-CIB Bank. I hereby confirm that my present mobile number is _____ and that the same
 may be updated in the bank's records for sending any communication related to my above account, as well as transaction advises. I also authorize the bank to contact me on the above mentioned number for doing verification call backs or checks to confirm the veracity of any transaction, as deemed fit by the bank. I confirm that the said mobile number is held by me and is not (in use by any other third party and) undertake that I shall duly and promptly inform the bank if and when my mobile number changes.

Signature (1st Account Holder)	Signature (2nd Account Holder) (To be signed by the holder making the request)	Signature (3rd Account Holder)

FOR BANK USE ONLY

Instruction received by	Mail / Representative	in Person
Complete set of originals received	Yes No	
IDs sighted (details)	ID Type _____	ID Number _____
Customer met in person by	(1) Name _____	Signature _____ Emp. ID _____
	(2) Name _____	Signature _____ Emp. ID _____
Signature Verified by	Name _____	Signature _____ Emp. ID _____
Callback details (if applicable)	Customer spoken with :	
	Date & Time _____	Number called _____

Acknowledgement Slip

We acknowledge the receipt of Customer Request / Complaint Instruction from Mr. / Mrs. / Ms. _____
 relating to account number _____ under service request number _____

Date _____

For CA-CIB Bank
 Bank Official (Sign and Stamp)