CUSTOMER REQUEST FORM



For Branch Office Use Only (Encircle Requested SR	/s)
1 2 3 4 5 6 7 8 9	
To,	_
The Branch Head	-
Axis Bank Ltd Branch SOL ID: Date of Request: U	
Customer Name: VANGADA RAKECH KUMAR	
Customer ID: Account Number: 9 1 4 0 1 0 0 3 1 8 8 0 2 0 1	
Loan Account Number 1 (The contact information provided will be updated in all the Retail Accounts	(.)
('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. Chargeable ₹5 / month for Saving Accounts.	
Unsubscribe from Value Added Alerts (Only Mandatory Alerts will be sent. For e.g. All card based & Internet Banking Transaction) Country Code STD Code Contact Number	
2. LANDLINE NUMBER UPDATE (Res.): LANDLINE NUMBER UPDATE (Off.): 2333539	
3. E-MAIL ID (FOR E-STATEMENT REGISTRATION): In case E-Statements are activated, physical statements will be disabled.	
Vakesh if lexsolutions@gMai L. com] !
4. PERMANENT ACCOUNT NUMBER (PAN) DETAILS: ALFPR3936A	
5. a) Country of Residence b) Tax Reference No	
6. CHANGE OF ADDRESS: A) Communication i) Residence ii) Office B) Permanent	
(Please leave space between two words) (In case of joint holders, each holder needs to fill separate Form.)	
FLAT-421, JAGANNATH AVENUE, JAGANNATH N	
AGAR, CANAL ROAD, JHARPADA	
Landmark*: OPP TO BOB BANK State*: ODISHA	1
City': BHUBANESWAR PINCode': 751010	<u>'</u>
Country*: INDIA Nationality*: INDIAN	_
DOCUMENT FOR PROOF OF ADDRESS (Mandatory for Change in Mailing Address):	
DOCUMENT IDENTIFICATION NUMBER;	
ISSUING AUTHORITY:PLACE OF ISSUE: ISSUE DATE: VALID TILL: D D M M Y Y Y Y Y	
	_
7. NEW CHEQUE BOOK REQUEST: Number of Cheque Book/s Required:	_
REASON FOR NOT OPERATING THE ACCOUNT:	
9. DUPLICATE STATEMENT*: Statement Required From Date: D D M M Y Y Y Y To Date: D D M M Y Y Y Y Y *Will be charged as applicable.	-
Statement Required From Date: To Date: To Date: "Will be charged as applicable. I have read and understood and agree to be bound by the Terms and Conditions to various products and services including SMS Banking, E-Statement & Internet Banking, including Te and Conditions related to sharing of relevant information under foreign tax laws like FATCA, as displayed on www.axisbank.com. I agree that the Bank may debit service charges	arms
taxes to my account wherever applicable.	plus
DATE: DIMMY VVV PLACE: CUSTOMER SIGNATURE: Y. Rauesh Krumay.	
FOR BRANCH OFFICE USE ONLY Certified that this Request Letter is complete in all respect & all relevant documents are obtained & verified mode of operation and signatures of the A/c. The request may please	e he
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 l 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.	nis /
BANK INDUCED REQUEST	
REQUEST RECEIVED DATE: FORWARDED TO CLH DATE: D D M M Y Y Y Y	
REQUEST ACCEPTED BY: EMPLOYEE NUMBER: Signature:	
Request certified by signature: Designation: OH BH S.S. No.:	
ACKNOWLEDGEMENT TO CUSTOMER	-
Customer Name: Date of Request Received; D D D D D D D D D D D D D D D D D D D	
Request No.: Employee Number:	7.5
Name of the Branch Official: 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 kit cheque books / statements etc., to your address will take between 5-11 working days if dispatched through courier and 15-18 working days if dispatched through speed post (depending on la	s / ocation),

CUSTOMER REQUEST FORM



For Branch Office Use Only (Encircle Requested S
10 11 12 13 14 15 16 17 18
D. DEBIT CARD
DEACTIVATION OF DEBIT CARD NUMBER:
REACTIVATION OF CARD NUMBER:
ISSUE DEBIT CARD DUPLICATE PIN
1. STOP PAYMENT REQUEST
Number of Cheques: Payees Name:
Cheque Number(s):
Date of Cheque: Reason for Stop Payment:
Date of Cheque:
2. REVERSAL OF CHARGES
Date of Debit:
I undertake to keep henceforth an Average Monthly / Quarterly / Half Yearly Balance of ₹ (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.
3. ISSUANCE OF PASSBOOK
4. 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 them on ATM, Internet Banking and Mobile Banking as applicable.
Signature of Primary Holder Signature of 1 st Joint Holder Signature of 2 nd Joint Holder Signature of 3 nd Joint Holder *Signature of all the holders is required for updating of mobile number/s of joint holders.
CONTRACTOR VENERATION
5. SIGNATURE VERIFICATION
6. PRINT NOMINEE NAME*
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