

FOR BRANCH USE: Branch Code: _____

Receipt Date: ____/____/____ Action Taken on: ____/____/____

Signature _____



Request for services required in NRE/NRO account

NRI-4.1

Account No: _____ Account Holder's Name: _____ Branch Name / Code: _____

General Rule: Please tick the appropriate box (es), wherever applicable and give the information in the space provided.

| <input type="checkbox"/> | Issuance of new ATM Card * | Reason: <input type="checkbox"/> New <input type="checkbox"/> Add-on <input type="checkbox"/> Lost <input type="checkbox"/> Stolen | | | | | | | | | |
|--------------------------|--|--|-----------|----------------------------------|-----------------|--|--|-----------------|--|--|--|
| | <table border="1"> <thead> <tr> <th>Applicant</th> <th>Card Type</th> <th>Name as would appear on the Card</th> </tr> </thead> <tbody> <tr> <td>1st</td> <td><input type="checkbox"/> Domestic <input type="checkbox"/> International _____</td> <td></td> </tr> <tr> <td>2nd</td> <td><input type="checkbox"/> Domestic <input type="checkbox"/> International _____</td> <td></td> </tr> </tbody> </table> | Applicant | Card Type | Name as would appear on the Card | 1 st | <input type="checkbox"/> Domestic <input type="checkbox"/> International _____ | | 2 nd | <input type="checkbox"/> Domestic <input type="checkbox"/> International _____ | | |
| Applicant | Card Type | Name as would appear on the Card | | | | | | | | | |
| 1 st | <input type="checkbox"/> Domestic <input type="checkbox"/> International _____ | | | | | | | | | | |
| 2 nd | <input type="checkbox"/> Domestic <input type="checkbox"/> International _____ | | | | | | | | | | |

(*Please note: International card will not be issued for NRO accounts)

| | | |
|--------------------------|--|--|
| <input type="checkbox"/> | Blocking of ATM Card | Card No: _____ Reason: <input type="checkbox"/> Lost <input type="checkbox"/> Stolen |
| <input type="checkbox"/> | Issue new ATM PIN | Card No: _____ |
| <input type="checkbox"/> | Issuance of duplicate Passbook | Reason: <input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> | Issuance of Cheque Book | Number of leafs required (25 / 50): _____ |
| <input type="checkbox"/> | Stop Cheque payment issued | In favor of: _____ No: _____ Dated: ____/____/____ |
| <input type="checkbox"/> | Activate SMS Alerts facility on | Mobile Number: _____ |
| <input type="checkbox"/> | Activate standing instruction | Beneficiary Name: _____ Frequency: _____ |
| | Amount to be transferred: ₹ _____ | Beneficiary A/c No: _____ IFSC: _____ |
| | Purpose: _____ | Start Date: ____/____/____ End Date: ____/____/____ |
| <input type="checkbox"/> | Closure of account | Reason: _____ |
| | Pay balance amount in: <input type="checkbox"/> Cash <input type="checkbox"/> Demand Draft <input type="checkbox"/> Transfer to a/c no _____ | |
| <input type="checkbox"/> | Transfer of account & CIF # | CIF: _____ Reason: _____ |
| | Transfer to Branch Name & Code: _____ | |

(# Please enclose attested copy of your new address proof)

Declaration: I / We have understood and agree to abide by the terms & conditions relating to services and corresponding regulations of RBI / FEMA 1999 or any other act in force requested by me/us, as may be in force from time to time. Please debit my/our account for the service related charges.

Date _____

Place _____

Signature of 1st applicant _____Signature of 2nd applicant _____

Customer Acknowledgement Copy (To be returned to the customer, if submitting it in the person)

A/c No: _____ A/c Holder Name: _____

Type of request: Services required

Date of receipt: ____/____/____

Signature of authorised official _____

Branch Seal & Stamp