

CUSTOMER REQUEST FORM

(Only for KYC Complied Accounts)

FEDERAL BANK

YOUR PERFECT BANKING PARTNER

From

Name:.....Adarsh Govindan.....

Account No:

1 5 3 2 0 1 0 0 0 3 3 2 4 5

To

The Manager, Br.

Cust ID:

Dear Sir,

Kindly execute the following request/s which are selected below

CONTACT DETAILS MODIFICATION REQUESTS

(Please tick whichever is applicable)

<input checked="" type="checkbox"/> Mobile Number	<input type="text" value="+971559868249"/>	<input type="checkbox"/> E-mail ID	<input type="text"/>
<input type="checkbox"/> Communication Address	<input type="text"/>		
	<input type="text"/>		
City/District	<input type="text"/>	State	<input type="text"/>
Country	<input type="text"/>	Pin	<input type="text"/>

GENERAL MODIFICATION REQUESTS

(Please tick whichever is applicable)

1.	Account Sol Change: Kindly transfer my account to the Branch: _____ (Sol ID : _____) Reason for transferring the account: _____ DP account linked to transferee account <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, kindly provide application form for change in bank details)	<input type="checkbox"/>
2.	Cheque Book Request: Number of leaves required 10 <input type="checkbox"/> 20 <input type="checkbox"/> 50 Point of delivery <input type="checkbox"/> Branch <input type="checkbox"/> Communication address	<input type="checkbox"/>
3.	Account statement/Interest Certificate: Date From <input type="text"/> Date To <input type="text"/>	<input type="checkbox"/>
4.	Issue duplicate passbook	<input type="checkbox"/>
5.	Block / Hot Mark Debit card Number <input type="text"/>	<input type="checkbox"/>
6.	Activation of SMS Alert/Email alert: <input type="checkbox"/> SMS Alert <input type="checkbox"/> Email Alert I/We request you to enable SMS alert facility/Email alert facility in my/our account _____	<input type="checkbox"/>
7.	Change Account Scheme: Convert my account from <input type="text"/> to <input type="text"/>	<input type="checkbox"/>
8.	Stop Payment: Cheque No. From _____ No. of Cheque(s): _____ Payee Name: _____ Cheque date: ____/____/____ Reason: _____ Amount: _____	<input type="checkbox"/>
9.	Change of name (as per proof attached): _____	<input type="checkbox"/>
10.	Any other request: _____	<input type="checkbox"/>

Declaration:

I have read, understood the terms and conditions to various products and services. I accept and agree to be bounded by the Terms and Conditions as displayed in your website. I agree that the Bank may debit service charges plus taxes to my account wherever applicable. I hereby declare that the above details are correct. In case of Indian mobile number updation in Non-Resident Customer IDs, I/ we understand that it is a temporary facility allowed for enabling banking transactions and receipt of alerts. I/ we am/are solely responsible for updating an active overseas number in due course.

Total number of requests: 1

Date: 29/12/22

Place: DUBAI, U.A.E

Signature of applicant



Signature of joint holder(s)

FOR BRANCH USE ONLY

Certified that this request form is complete in all respects & all the relevant documents are obtained. Verified the Mode of operation and signature(s) of the account. The request may be processed.

Entered by

SP No:

(If applicable)

Verified by

SP No: