

# Customer Services Form

(USE BLOCK LETTERS & CROSS OUT UNUSED SECTIONS)  
Please Fill in The Required Section(s) Only



Date	D	D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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Account Number

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Credit Card Number

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Account Name / Name as on the Credit Card

Declaration	Signature: Primary Account / Credit Card Holder	Signature: Joint Account / Supplementary Credit Card Holder
I / We read, understood and agree with the 'Terms & Conditions' mentioned overleaf in connection with my / our change of information and digital services enrol / de-enrol request mentioned in below 'A' & 'B' respectively		

**A. Update Information: Please update my / our following information for:**

<input type="checkbox"/> Primary Account / Credit Card Holder	<input type="checkbox"/> Joint Account / Supplementary Credit Card Holder (As applicable)		
Residence Address			
Permanent Address			
Office Address			
Mailing Address (Please select one)	<input type="checkbox"/> Residence Address	<input type="checkbox"/> Permanent Address	Work Address
Mobile Number (Primary)	Mobile Number (Secondary)		
Phone Number (Residence)	Phone Number (Office)		
Email Address (Primary)	Email Address (Secondary)		

1. The above information shall apply for all your Account, Credit Card, Loan Account, if any, maintained with the Bank.
2. Please include International Direct Dialing Code e.g. 880 for Phone / Mobile Number Update.
3. The above Primary Mobile and Email shall be used for all types of Digital Services (e.g. SMS Banking, Online Banking, e-Statement etc.)

Occupation Details (Designation & Organization)			
Nature of Business (for Self Employed)	Tax Identification Number		
Passport Number	Passport Expiry Date		
Driving License Number	Driving License Expiry Date		
National ID Number	Date of Birth (Supporting Document to be Provided)		
Nationality	Marital Status		
Spouse's Name			
Father's Name			
Mother's Name			

**B. Digital Services: Please enrol / de-enrol me in the following digital services (Alternate Channel) of the Bank**

<input type="checkbox"/> Online Banking Sign-up	<input type="checkbox"/> Online Banking Link with Credit Card	<input type="checkbox"/> SMS Banking Enrolment	<input type="checkbox"/> E-statement Enrolment
<input type="checkbox"/> Frequency of Account e-Statement		<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half-Yearly <input type="checkbox"/> Yearly *Credit Card e-Statements are by default set at monthly	
<input type="checkbox"/> e-Statement De-enrolment		<input type="checkbox"/> Above-mentioned Account <input type="checkbox"/> All Accounts <input type="checkbox"/> Start Sending Hard Copy [Half-yearly and Yearly]	

For Bank Use Only

Hard Copy Instruction will be Sent for Archival to

Account Services     Card Operations

Customer met in person & was identified through

Photo ID  
 Bank Account No.  
 Debit Card  
 Credit Card

Verified by Staff  
(Sign, Seal and Date)

Instructions Received through Bearer (Call-back Details):

Telephone number(s) called	
Date & Time of the call made	
SCB Phone number used for calling	
Name(s) of the Contacted Person(s)	
2S1+D asked	
Result of call-back	
Could not be contacted due to (for failed call back)	
Name of the staff making call-back	
Bank ID	
Signature	