



Customer Request Form

Bank: _____ Branch: _____ Date*: _____

1st Applicant's Name*: _____

2nd Applicant's Name*: _____

Account number: _____ Mobile Number: _____

(Fields marked* are mandatory)

**Kindly fill only those boxes where information is to be added or updated. On submission of form always ask for acknowledgement* (Kindly tick the boxes against the request opted for)*

ADD/UPDATE PERSONAL DETAILS

☐ 1. Update KYC ID Type: ☐ PAN ☐ Aadhar ☐ Driving License ☐ Passport ☐ Voter ID ☐ NREGA Card

Document number _____ (Attach self-attested copy of document for verification with original)

Place of Issue _____ Issue Date _____ Valid till date: _____

☐ 2. Address Change ☐ Permanent ☐ Correspondence ☐ Both (Please leave space between two words/digits)

Address line 1: _____ Address line 1: _____

Address Line 2 _____ Address Line 2 _____

Address Line 3: _____ Address Line 3: _____

Document Type: ☐ PAN ☐ Aadhar ☐ Driving License ☐ Passport ☐ Voter ID ☐ NREGA Card

(Mandatory for Permanent Address Change)

☐ 3. Add Father/Mother/Spouse name: _____ (strike out whichever is not applicable)

☐ 4. Please seed/update my Aadhar Number in the account number mentioned above for DBT purpose: _____

☐ 5. Please delete my Aadhar Data from the account Number mentioned above, my Aadhar No.is _____

☐ 6. PAN: _____

☐ 7. Email ID: _____

☐ 8. Change my Title to: _____

☐ 9. Change my Name to: _____
(Relevant document e.g. Govt. Gazette Notification / Marriage Certificate to be attached)

☐ 10. Change mobile number to: _____

OTHER ACCOUNT/CIF MODIFICATIONS

☐ 11. Transfer ☐ Account ☐ CIF ☐ oth To Branch Name _____ Branch Code: _____

☐ 12. Change mode of operation in above mentioned account to:

☐ Self ☐ Either or Survivor ☐ Former or Survivor ☐ Jointly ☐ As per mandate enclosed

☐ 13. Request to activate my inoperative/Dormant account (number mentioned above):

Reason for dormancy: _____

☐ 14. Convert my account from Minor to Major as I became Major on _____

☐ 15. Change A/c Type to: **Salary Package Variant: Corporate/Defence/Others** ☐ **Savings Bank to NRO Savings Bank**

☐ **Current Account Variant: Regular/Gold/Diamond/Platinum**

☐ 16. Change my signature in above mentioned account:

From	OLD SIGNATURE	To	NEW SIGNATURE
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- ☐ 17. I/we request to close above account and pay the balance by: **Cash/ Credit to account no.**_____

FIXED DEPOSIT/PPF ACCOUNT RELATED SERVICES

- ☐ 18. Please change the tenure of my/our Fixed deposit A/C No. _____ to _____
- ☐ 19. Reissue Term Deposit advice for A/C number: _____
- ☐ 20. Please issue TDS/Interest certificate for Account Number/s: _____

OTHER ACCOUNT RELATED SERVICES

- ☐ 21. Passbook required: Yes/No [If No, Request for statement of account through e-mail id.
- ☐ 22. Request to Issue Duplicate Passbook for the Account Number: _____
- ☐ 23. Request to activate Phone Banking/Mobile Banking services in the above-mentioned account.
- ☐ 24. Standing Instruction: Please transfer Rs. _____ to RD/Loan/SB Account Number: _____
- Starting from date _____ Every alternate **Daily/Monthly/End of Month**

- ☐ 25. Setup Auto-sweep facility - Saving Plus Threshold amount: Rs _____

Sweep time: **Weekly/Monthly**

Under reverse sweep facility the MOD (Multi-option deposit) to be broken by: **Last in First Out/First in Last out**

NOMINATION

- ☐ 26. Nomination to be modified in my account mentioned above: **New/Change/Delete**

(Please fill and attach DA-1 form for new nomination, DA-2 form to delete nomination and DA-3 form to change nomination)

- ☐ 27. Nomination to be modified: [Add/Modify] in the scheme **APY/PMJJBY/PMSBY/PPF**

APY RELATED SERVICES

- ☐ 28. Request to update the pension amount for APY from Rs _____ to 1000/2000/3000/4000/5000

I hereby authorize the bank to debit my above mentioned bank account till the age of 60 for making payment under APY as applicable based on my age and the Pension Amounts elected by me.

CHEQUE RELATED SERVICES

- ☐ 29. Cheque book facility: Please provide cheque book facility in my account number mentioned above.
- ☐ 30. New personalized cheque book request: Number of leaflets: **10/20/25/50/100**

Name on cheque: _____

Address to be delivered to: **Permanent/Correspondence/New**

Address line 1: _____

Address line 2: _____

Address line 3: _____

- ☐ 31. Request to stop (number of cheques) Cheque number listed below/attached

Starting from _____ ending at _____ or Cheque number: _____

Cheque number: _____ Cheque number: _____

Cheque number: _____ Cheque number: _____

DEBIT CARD SERVICES

- ☐ 32. ATM card issuance (Charges will be deducted as applicable): **New/Replace**

Address to be delivered to: Permanent/Correspondence

Name on card: _____

☐ 33. **Block / Unblock** debit card number: _____

INTERNET BANKING SERVICES

☐ 34. Activate Internet Banking in the above mentioned account.

Kit number **(for official use only)**: _____

☐ 35. Request to: Reactivate the username/Re-issue login password/Reset the INB profile password

Date of Birth: _____

☐ **Wish to receive the Pre-Printed Kit (PPK) at address mentioned in my account**

☐ 36. Internet Banking rights modification : **Full Transaction rights/Limited Transaction rights**

☐ 37. Request to add beneficiary to INB : Reference Number: _____

Beneficiary name: _____ Beneficiary account No : _____

Beneficiary Bank/Branch: _____ IFS Code: _____ Limit (INR): Rs: _____

PENSION SERVICES

☐ 38. I wish to submit Life Certificate for PPO no: _____

☐ 39. Please issue Pension Certificate/Slip for PPO no: _____ for the Month _____ Year _____

☐ 40. Please issue Form 16 for PPO no: _____

☐ 41. Pensioners Grievances **(Pension not credited/Life Certificate not updated)**

LOCKER SERVICES

☐ 42. Request for Allotment of Locker: (Size): **Small/Medium/Large/Extra Large**

☐ 43. Request to add Nomination to Locker number: _____
(Duly filled in nomination form is to be attached)

☐ 44. Request for Locker Conversion from Single to Joint: **Locker No.** _____

Name of Joint Holder: _____

Account no. of Joint Holder: _____

☐ 45. Request for closure (Surrender) of Locker No: _____ Bearing Key No: _____

☐ 46. Request for break open of Locker No: _____

*I have read, understood and agree to the Terms and Conditions of various products and services including SMS alerts, Debit card and Internet Banking. I accept and agree to be bounded by the Terms and Conditions as displayed on **bank.sbi**. I agree that the bank may debit service charges plus taxes to my account whenever applicable. I wish to seed this account with NPCI mapper to enable me to receive Direct Benefit Transfer (DBT) including LPG Subsidy from Govt of India (GOI) in this account.*

Kindly provide the number of Requests submitted (count and enter number of ticks in the checkboxes)* ☐

First account holder's
signature

Second account holder's
signature

Signature of Branch
Official with SS No.

ACKNOWLEDGEMENT

Date of Request Received: _____ Customer Name: _____

Employee Number: _____ Name of Branch Official: _____ Signature: _____

Please note: Your request will be processed within 2 working days. Delivery of kits/cheque book etc. to your address will take between 7-15 working days (depending on delivery location)