

Customer Request Form

Please complete all sections in capital letters, Tick ✓ boxes as appropriate.
 All fields with are mandatory to be filled in.

CKYC No:

Customer ID:

Customer Name:

First name

Middle name

Surname

Father's Name:

First name

Middle name

Surname

Mother's Name:

First name

Middle name

Surname

Date of Birth: Gender: ☐ Male ☐ Female ☐ Other Martial Status: ☐ Married ☐ Unmarried

Change of mailing / permanent address:

Kindly provide proof of the new mailing / permanent address along with this form* (mandatory if your account is less than 1 year old or in case of change in permanent address). Address needs to be mandatorily mentioned below, even where there is no change in the mailing address.

☐ Yes, I wish to change my mailing / permanent address (The proof of the permanent address is enclosed / will be submitted within six months)

☐ There is no change in mailing / permanent address

Permanent Address:

Pin code:

City: State: Tel. No.:

Mailing Address:

Pin code:

City: State: Tel. No.:

Mobile: e-mail:

Instructions

In case of joint accounts, the applicant is required to obtain the attached mandate from the joint account holder(s).

I want to apply for the following services.

☐ **DEBIT CARD**

Account No.:

☐ Rupay Card

☐ VISA Card

Name as desired on the card

☐ SMS alerts ☐ Statement on E-mail

I confirm that I am the sole account holder or I have the required mandate enclosed from the joint account holder(s)

Signature: Date: Place:

applicant

*Any one of the following document can be submitted as address proof: Aadhaar Card, Passport, Driving License, Voters ID, Utility bill

Declaration:

(Not required in case the request is for change of mailing address)

I affirm, confirm and undertake that I have read and understood the Terms and Conditions for usage of Rupay / VISA Debit Card / SMS Alerts of New India Co-Operative Bank Ltd.. I agree on my own behalf or as the mandate holder on behalf of the joint account holders and will adhere to all the terms/conditions of opening/applying/availing/maintaining/operating (as applicable) for usage of Rupay/ VISA Debit Card / SMS Alerts as may be in force from time to time.

I declare that all the particulars and information given in this application form (and all documents referred or provided therewith) are true, correct, complete and up-to-date in all respects and I, and other joint account holders have not withheld any information. I understand that certain particulars given by me are required by the operational guidelines governing banking companies.

I agree and undertake to provide any further information that New India Co-Operative Bank Ltd. may require. I agree and understand that New India Co-Operative Bank Ltd. reserve the right to reject any application without providing any reason. I agree and understand that New India Co-Operative Bank Ltd. reserves the right to retain the application forms, and the documents provided therewith, including photographs, and will not return the same to me.

I authorise New India Co-Operative Bank Ltd. or their agent to make references and enquiries which New India Co-Operative Bank Ltd. consider necessary in respect of or in relation to information in this application/further applications.

Signature: _____ Date: _____ Place: _____

 Applicant

Letter of Mandate

(Applicable for linking Joint Bank Accounts)

To, _____ Date: _____
 New India Co-op. Bank Ltd.
 Dear Sir / Madam,

I / We _____ All account holders other than the applicant

the undersigned, am/are the joint account holder(s) of the Bank / Account No. _____

(the said account/s) opened / established with New India Co-op. Bank Ltd. along with _____ Name of the applicant

I / We hereby authorise _____ Name of the applicant to use the Rupay/ VISA Debit Card / access the said account(s) / Any other facilities introduced by the bank from time to time for and /on my/ our behalf.

I / We affirm, confirm and undertake that I / We have read and understood the terms and conditions for usage of Rupay / VISA Debit Card / SMS Alerts of New India Co-Operative Bank Ltd., as displayed on the website www.newindiabank.in and that I / We agree to abide by them.

I / We hereby state that should I / We wish to revoke the above authorisation, I / We shall duly issue a letter of revocation ("the revocation letter") to New India Co-Operative Bank Ltd. in this regard. I / We hereby agree that until ten days after receipt of such revocation letter, the authorisation as afore stated shall hold good.

Yours faithfully,

Name: Joint Account Holder _____ Name: Joint Account Holder _____

Signature: _____ Signature: _____

For office use only

Verified by: _____
 _____ Branch _____ Name of the official _____ Signature & Date _____

Processed by: _____
 _____ Name of the official _____ Signature & Date _____

Approved by: _____
 _____ Name of the official _____ Signature & Date _____

CORPORATE OFFICE: A. V. Nagwekar Marg, Prabhadevi, Mumbai 400 025. www.newindiabank.in Customer Care ☎ (022) 6658 6658