

Reason for dormancy:

CUSTOMER REQUEST FORM



Customer Excellence Branch Code Branch Name Date 1st Applicant's Name*: 2nd Applicant's Name*: Account Number: Mobile No. SB CA TD RD LN A/c Type: (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 Voter ID NREGA Card Driving License Passport 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* City/Village*: District*: Sub-District: State:* Country Name* Zip/Post Code* ISO 3166* Country Code Document Type: PAN Aadhar Driving License **Passport** Voter ID NREGA Card (Mandatory for Permanent Address Change) Add Father/Mother/Spouse name: (strike out whichever is not applicable) 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 PAN: 6. 7. Email ID: Change My Title to: 8. Change my Name to: (Relevant document e.g. Govt. Gazette Notification / Marriage Certificate to be attached) 10. Activate SMS alerts on My Mobile No/Change Mobile No: OTHER ACCOUNT/CIF MODIFICATIONS 11. Transfer Account CIF Both To Branch Name Branch Code: 12. Change mode of operation in above mentioned account to: Either or Survivor Former or Survivor Later or Survivor Jointly As per mandate 13. Request to activate my inoperative/Dormant account (number mentioned above):

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

Current Account Variant: Regular/Diamond

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

10.	Change my signature	in above i	nentione	eu accc	ount.																					
	From		OLD SIGNATURE					То				new signature														
17.	I/we request to close a	above accou	unt and	pay the	e balan	ce b	y: Ca	ish/	Credit	to acc	coun	t no														
	FIXED DEPOSIT/PPF ACCOUNT RELATED SERVICES																									
18.										_ _																
19.												_														
20.																										
	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.																										
	Starting from date D D M M Y Y Y Y Daily/Monthly/End of Month																									
25.																										
	Sweep time: Daily/Weekly/Monthly/Bi-Monthly/Quarterly/Half yearly/Yearly/Fortnightly. 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																									
					AF	Y RE	LAT	ED	SERVIC	CES																
28.	Request to update the	pension a	mount t	for APY	from I	Rs.												to	100)0/2	.000	/300)0/4	ЭOО,	/5000	0
	eby authorize the bank to on Amounts elected by m		ove men	itioned l	oank acc	count	till t	he d	ige of 6	0 for r	nakin	g þa	yme	nt ui	nder	APY	' as	аррі	icab	le b	ased	on i	ny a	ge aı	nd the	е
1 01131	on randants elected by in	c.			CHE	QUE	REL	ATE	D SER	VICES	5															
29.	Cheque book facility: I	Please prov	ide ched	que bo								ntio	ned	abo	ove.											
30.	New personalized che	que book r	equest:	Numb	er of le	aflets	s: 10	/20/	/25/50,	/100																
	Name on cheque:											Τ											\Box	\top		
	Address to be delivere	ed to: Perm	anent/C	orrespo	ndence	/Nev	~																			
																								\equiv		
31.	Request to stop (num	ber of chec	ques) Ch	eque n	umber	liste	d be	low,	/attach	ied																
	Starting from			er	nding a	t						or	Ch	eque	e nu	ımb	er:									
	Cheque number:					Che	eque	nuı	mber:																	
	Cheque number:					Che	eque	nuı	mber:																	
					D	EBIT	CAI	RD S	SERVIC	ES																
32.	ATM card issuance (Ch	narges will	be dedu	ucted a	s applic	able): Ne	ew/F	Replac	e*																_
	Address to be delivere	Address to be delivered to: Permanent/Correspondence																								

		Request for New Card: Personalized Card Non Personalized Card, Type of Card: Rupay / VISA									
		Name on card:									
	•	* Reason for replacement – Card lost/Damage/Card Expired									
	33.	Block / Unblock debit card number:									
		INTERNET BANKING SERVICES									
	34.	Activate Internet banking in the above mentioned account.									
		Reference Number (for official use only):									
	35.	Request to: Reactivate the username/Re-issue login password/Reset the INB profile password Date of Birth:									
	36.	6. Internet Banking rights modification: Full Transaction rights/Limited Transaction rights									
	PENSION SERVICES										
	37.	I wish to submit Life Certificate for PPO no:									
	38.	Please issue Pension Certificate/Slip for PPO no: for the Month Year									
	39.	Please issue Form 16 for PPO no:									
	40.	Pensioners Grievances (Pension not credited/Life Certificate not updated)									
		LOCKER SERVICES									
	41.	Request for Allotment of Locker: (Size): Small Medium Large									
	42.	Request to add Nomination to Locker number:									
		(Duly filled in nomination form is to be attached)									
	43.	Request for Locker Conversion from Single to Joint: Locker No.									
		Name of Joint Holder:									
		Account no. of Joint Holder:									
	44.	Request for closure (Surrender) of Locker No: Bearing Key No: Bearing Key No:									
	45.	Request for break open of Locker No:									
		ADDITION/DELETION OF A/C HOLDERS									
	Add	/ Delete Existing: Yes No (if Yes) A/c No.									
		Relation with A/c holder:									
		Revised Mode of Operation:									
		Self Either or Survivor Former or Survivor Later or Survivor Jointly As per mandate									
		have read, understood and agree to the Terms and Conditions of various products and services including SMS alerts, Debit card and Internet Banking. I acce and agree to be bounded by the Terms and Conditions as displayed on https://www.bankofmaharashtra.in. I agree that the bank may debit service charges p									
	taxes	na agree to be bounded by the Terms and Conditions as displayed on https://www.bankofmanarashtra.in. I agree that the bank may debit service charges plus exes 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.									
		y provide the number of Requests submitted (count and enter number of ticks in the checkboxes)*:									
	Tundi	provide the number of requests submittee (court time once maintent of title in the checkeones).									
		First account holder's signature Second account holder's signature Signature of Branch Official with SS No.									
		ACKNOWLEDGEMENT									
Date	of Re	equest Received: Customer Name:									
Emp	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)