

The Gujarat State Co-op. Bank Ltd.

(Scheduled Apex Bank)

For Branch Use Only (Encircle Requested SR/s)

CUSTOMER REQUEST FORM

3 5 7 8 14 The Branch Manager, The Gujarat State Co-op. Bank Ltd. Date of Request: Customer Name: Customer ID: Account Number: Mobile No.: + 9 1. CONTACT DETAILS UPDATION & SMS ALERT: SMS Alert Activation SMS Alert Dectivation (Whenever mobile number of joint account holders are provided, they will receive One Time Password(OTP) and transactions initiated by them on ATM, Internet Banking & Mobile Banking as applicable) UPDATION OF EMAIL ID & OTHERS: 2. CHANGE OF ADRESS: (Please leave space between two words) (In case of joint holders, each holder needs to fill seprate form) IN CAPITAL LETTERS City/Village: PIN District: State: Document For Proof Of Address (Mandatory): Aadhar **Driving License Passport** Voter ID **Document Number:** VALID TILL: ISSUE DATE: 3. NEW CHEQUE BOOK REQUEST: Number of Cheque book/s Required: (Identity should be verified by Branch Official) 4. SIGNATURE CHANGE / UPDATION IN A/C.: OLD NEW **DUPLICATE STATEMENT:** 5. DUPLICATE PASSBOOK: 6. BALANCE / INTEREST CERTIFICATE: From: 7. STOP PAYMENT REQUEST: Number of Cheque(s): For Office Use Only Cheque Number(s) Payees Name: Date of Cheque Reason for Stop Payment: ___ Amount Time of request received A/c Balance

8. REVERSAL OF CHARGES :	
Date Of Debit: D D M M Y Y Y Y Amount Debited:	_
* I Acknowledge that all applicable charges with regards to my account have been communicated to me and I will abide by the same. Remarks:	
9. SIGNATURE VERIFICATION :	
10. UPDATION OF PAN DETAILS : (If account opened by Form-60 / BSBDA to Normal Saving A/c. / in Minor to Major case)	
11. ACCOUNT TRANSFER REQUEST : (Submitted to home branch only)	
Transfer From your Branch To Branch	
12. INTERNET / MOBILE BANKING :	
Security Question Reset: Unlock Application: Discontinuation of Service: Mobile Ba	anking Internet Banking
Transaction Reversal : (Type of transaction - NEFT / IMPS /RTGS / UPI / Utility Bills / Others)
Transaction Date: D D M M Y Y Y Y M Mode of Transaction: Mobile Banking	Internet Banking UPI
Transaction Amount: Transaction Reference No.:	
Transaction Details: (* to know if narration not available)	
13. ATM / DEBIT CARD RELATED: ATM / Debit Card Number.:	
Durlingto ATM Cond on any cond in local/demonald	/ Renewal Card Issuance:
Block Card (In case of lost / misplaced): (*Applicable if customer not able to contact Toll Free No.)	
Discontinuation of ATM / Debit card Service: (*Applicable if customer not able to contact Toll Free No.)	provide ticket no for blocked card online)
Link Account : Please link ATM Card No.	
Existing A/c. No. Link A/c. No.	
ATM Card Related Claim : Transaction Date D D M M Y Y Y Y Time H H M M	Transaction Amount:
I made a cash withdrawal attempt at	to
Branch ATM. My Account got debited but cash was not dispensed / partial dispensed. (Supporting for Transacti	on is must i.e. screen shot / transaction slip, etc.)
Debit Card Related Claim : Transaction Date: D D M M Y Y Y Y Time H H M M T T made a POS / ECOM transaction at: Remarks:	Transaction Amount:
14. ANY OTHER REQUEST:	
I have read, understood and agree to be bound by the Terms and Conditions to various products and service including SMS Alert, Internet / Mobile Banking, including Terms & Conditions related to sharing of relevant information under foreign tax laws like FATCA, as displayed on bank website. I agree that the Bank may debit service charges plus applicable taxes to my account wherever applicable.	
Signature of 1 st Holder Signature of 2 nd Holder S	Signature of 3 rd Holder
Date : D D M M Y Y Y Y P	
Note : If Account is having more than 1 holder than please take signature of all holders for Request No.1 & 11	
FOR REALIGIDATION OF THE CAULY	
FOR BRANCH OFFICE USE ONLY Certified that this Request letter is complete in all respect & all relevant documents are obtained & verified as per mode of operation and	I cignatures of the A/o. The Poquest may please
be processed. The CRF has been personally submitted by the Customer. I have satisfied my self about the identity of the customer by ver his / her signature in Bank's records. I have done proper due dilligence for updating the records of the customer.	
REQUEST RECEIVED DATE: D D M M Y Y Y Y	
EMPLOYEE NAME:	
EMPLOYEE CODE:	Branch Official Sign & Stamp
ACKNOWLEDGEMENT TO CUSTOMER	
Customer Name: Request Receive	
Request No. & Description:	ed Date: D D M M Y Y Y Y
	ed Date: D D M M Y Y Y Y
EMPLOYEE NAME:	ed Date: D D M M Y Y Y Y Branch Official Sign & Stamp