

CUSTOMER REQUEST FORM*(Only for KYC Complied Accounts)***FEDERAL BANK**

YOUR PERFECT BANKING PARTNER

From
Name:..... **Account No:**

To
The Manager, Br. **Cust ID:**

Dear Sir,

Kindly execute the following request/s which are selected below

| CONTACT DETAILS MODIFICATION REQUESTS | | <i>(Please tick whichever is applicable)</i> | |
|--|----------------------|--|----------------------|
| <input type="checkbox"/> Mobile Number | <input type="text"/> | <input type="checkbox"/> E-mail ID | <input type="text"/> |
| <input type="checkbox"/> Communication Address | <input type="text"/> | | |
| | <input type="text"/> | | |
| City/District | <input type="text"/> | State | <input type="text"/> |
| Country | <input type="text"/> | Pin | <input type="text"/> |

| GENERAL MODIFICATION REQUESTS | | <i>(Please tick whichever is applicable)</i> | |
|-------------------------------|---|--|--|
| 1. | Account Sol Change: Kindly transfer my account to the Branch: _____ (Sol ID : _____) Reason for transferring the account: _____ DP account linked to transferee account <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, kindly provide application form for change in bank details) | <input type="checkbox"/> | |
| 2. | Cheque Book Request: Number of leaves required <input type="checkbox"/> 10 <input type="checkbox"/> 20 <input type="checkbox"/> 50 Point of delivery <input type="checkbox"/> Branch <input type="checkbox"/> Communication address | <input type="checkbox"/> | |
| 3. | Account statement/Interest Certificate: Date From <input type="text"/> Date To <input type="text"/> | <input type="checkbox"/> | |
| 4. | Issue duplicate passbook | <input type="checkbox"/> | |
| 5. | Block / Hot Mark Debit card Number <input type="text"/> | <input type="checkbox"/> | |
| 6. | Activation of SMS Alert/Email alert: <input type="checkbox"/> SMS Alert <input type="checkbox"/> Email Alert I/We request you to enable SMS alert facility/Email alert facility in my/our account _____ | <input type="checkbox"/> | |
| 7. | Change Account Scheme: Convert my account from <input type="text"/> to <input type="text"/> | <input type="checkbox"/> | |
| 8. | Stop Payment: Cheque No. From _____ No. of Cheque(s): _____ Payee Name: _____ Cheque date: ___/___/_____ Reason: _____ Amount: _____ | <input type="checkbox"/> | |
| 9. | Change of name (as per proof attached): _____ | <input type="checkbox"/> | |
| 10. | Any other request: _____ | <input type="checkbox"/> | |

Declaration:

I have read, understood the terms and conditions to various products and services. I accept and agree to be bounded by the Terms and Conditions as displayed in your website. I agree that the Bank may debit service charges plus taxes to my account wherever applicable. I hereby declare that the above details are correct. In case of Indian mobile number updation in Non-Resident Customer IDs, I/ we understand that it is a temporary facility allowed for enabling banking transactions and receipt of alerts. I/ we am/are solely responsible for updating an active overseas number in due course.

Total number of requests:

Date: _____
Place: _____ **Signature of applicant** _____ **Signature of joint holder(s)** _____

FOR BRANCH USE ONLY

Certified that this request form is complete in all respects & all the relevant documents are obtained. Verified the Mode of operation and signature(s) of the account. The request may be processed.

Entered by _____ **Verified by** _____
SP No: _____ **SP No:** _____
 (If applicable)