DhanlaxmiBank
established 1927

www.dhanbank.com

SERVICE REQUEST FORM

• For Office use only • Fields marked as * are mandatory

<Bar Code SR>

Branch Code ____ Branch Name _____

ACCOUNT DETAILS*

Customer ID _____ Account Number _____

Primary Account Holder's Name or Account Title _____

CHANGE OF ADDRESS – KINDLY NOTE ADDRESS NEEDS TO BE MANDATORILY MENTIONED FOR ALL REQUEST TYPES EVEN IF THERE IS NO CHANGE IN ADDRESS

☐ Communication (Please attach document showing proof of address for accounts less than 6 months only.)

Flat / Door No./ Building Name _____

Road Name/No. _____

Area Name/ Landmark _____

City, District & State _____ PIN _____

☐ Permanent

Flat / Door No./ Building Name _____

Road Name/No. _____

Area Name/ Landmark _____

City, District & State _____ PIN _____

CHANGE IN COMMUNICATION DETAILS

Country Code _____ STD Code _____ Residence No. _____ Office No. _____

#Mobile No. _____ Fax No. _____

Email Address _____

#Applicable for communication/Alerts/SMS banking.

UPDATION OF PAN NO

Please update my PAN No. _____ in bank records. ☐ Pan card copy attached

CHEQUE RELATED REQUESTS

☐ Reissuance of cheque book ☐ CA _____ No. of Leaves ☐ SA _____ No. of Leaves

☐ Stop Payment of Cheque From Cheque Number _____ to / and Cheque Number _____

Cheque Date D D M M Y Y Y Y Cheque Amount _____ Payee Name _____

Stop Payment Reason _____

BALANCE CONFIRMATION CERTIFICATE(BCC)

Please issue a balance confirmation certificate as on D D M M Y Y Y Y for the below mentioned accounts:

Customer ID	Account No.

☐ BCC As per banks format ☐ Format provided by the customer ☐ Certificate to be collected from the branch

☐ To be dispatched to _____

CUSTOMER ACKNOWLEDGMENT COPY

Type of Service Request _____ <Bar Code SR>

Branch Staff Name _____ Branch Staff Signature _____ Branch Seal _____

Date D D M M Y Y Y Y

ACTIVATION OF DORMANT ACCOUNT

☐ Please activate my Dormant Account. I have attached the following documents with this application ☐ ID Proof ☐ Address Proof

CHANGE OF SIGNATURE

I have changed my signature and hereby request for a change in the signature details for the above mentioned account:

Existing Signature _____ New Signature_____ (To be signed in presence of branch staff)

Reason for change of signature_____

Document Attached (Please submit a completely filled up Relationship form if signature change is on account of change in name)

_____

DELETION OF NAME IN THE ACCOUNT

I/We hereby request you to delete the below mentioned name(s) from the list of holders.

Holder	Name	Customer ID	Account number
❑ Second Holder			
❑ Third Holder			

Kindly note that the holders need to sign the form and name of the first holder cannot be deleted.

ADDITION OF NAME IN THE ACCOUNT

I/We hereby request you to add the below mentioned name(s) as a holder(s) in the account.

Holder	Name	Existing/New Customer*	Customer ID**	Account number**
❑ Second Holder				
❑ Third Holder				

*Please submit the KYC documents and completely filled up Relationship form in case of new Customers/Existing customers having opened accounts prior to April 2001 **Applicable for existing customers only.

CHANGE OF OPERATING INSTRUCTIONS

Existing Mode of Operation

☐ Single ☐ Either or survivor ☐ Former/Latter or Survivor ☐ Anyone or Survivor ☐ Jointly by all

New Mode of Operations

☐ Single ☐ Either or survivor ☐ Former/Latter or Survivor ☐ Anyone or Survivor ☐ Jointly by all

OTHER REQUEST

Please specify the request here_____

_____

DECLARATION

I/We have read and understood the terms and conditions relating to various services and products as also conditions prescribed herein. I accept and agree to be bound by the said terms and conditions including these excluding/limited the banks liability

Date : D D M M Y Y Y Y

_____
Applicant/(s) signature (s)

FOR BRANCH USE

Date : D D M M Y Y Y Y

Branch Staff Employee Name_____ Branch Staff EMP/POA No.____ Branch Staff Employee Signature _____

FOR RPC/CPC USE

Inward No:_____ Inward Date D D M M Y Y Y Y Time: ____

Date of processing: D D M M Y Y Y Y

Maker EMP/POA No.____ Signature _____ Authoriser EMP/POA No.____ Signature _____

Remarks: _____

General Terms and conditions:

- This change will override existing details, if any.
- The fresh Signatures/Operating instructions would be operational once the changes are updated in the system. The Bank will not be responsible for any return/dishonor of such old outstanding/unpaid cheques/debits and requests which are still in transit and yet to be received/actioned by the bank and not in conformity with the fresh/new signatures and or Operating instructions change request.
- In case wherein the operating instruction is changed from single, either or survivor to Joint operations, the debit card would be hotlisted/discontinued immediately.
- Please refer the banks website for detailed Terms & Conditions