


SHIVALIK SMALL FINANCE BANK
SERVICE REQUEST FORM

1. Tran ID _____
 2. Entered by _____
 3. Checked by _____

Please fill in BLOCK (Capital) Letters only

Application Date _____

Branch Name _____ Branch Code _____ Product Code _____
 CIF Number _____ Account No.(SB/CA/CC/OD) _____
 Customer Name: Mr./Mrs./Ms./Dr./M/s _____

Please fill up the required service request

1. Change Personal/Contact Details(* Self attested- document for proof of address/PAN/Aadhaar etc is required where applicable)

Mailing /Permanent Old Address _____
 _____ Pin code _____
 City _____ State _____
 Mailing /Permanent New Address _____
Please specify landmark

 _____ Pin code _____
 City _____ State _____
 Change of Mobile Number New Mobile Number _____ (Mention country code followed by your mobile number)
 Change of Landline Number New Landline Number STD/ISD Code _____
 Change of Email ID New Email ID _____
 *Update PAN *PAN _____
 *Update Aadhaar Number *Aadhaar Number _____
 *Update Date of Birth

D	D	M	M	Y	Y	Y	Y
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Reason for change _____
(Please Specify) Please Specify

2. ATM/Debit card services (PAN card copy or Form 60 is mandatory for issuance of Debit Card)

Please issue New ATM Card (Select card type) Normal Platinum
 I have not been issued ATM Card /I have lost my ATM Card
 Please block/Hot list my ATM card lost/Damaged (Reference No./Debit Card No.) _____

3. Account Variants

Please upgrade/downgrade my savings/current account

Product Code SB Normal 1001 Gold 1012 Diamond 1013 Others _____
 Product Code CA Normal 1201 Gold 1204 Diamond 1205 Others _____

4. Activate Inoperative/Dormant Account (Attach Photo, KYC & CIF)

SB CA Account No. _____
 Please re-activate my account / Not being operated (Reason) _____

5. Request for Passbook _____ **Request for duplicate Passbook** _____ **Statement of Account** _____ **Tenure: From _____ to _____**

6. Request for Cheque book I have lost / Not been issued Requisition slip No. of Cheque Leaves

7. Stop Payment Request (Please attach separate list for multiple cheques)

Stop single cheque Stop multiple cheques No. of cheques

Cheque no. to Cheque No Amount

Date Payee Name

Reason for stop payment

8. Standing Instruction (For transfer of funds within Bank)

From A/C to A/C

Period (months/years) Amount

Start date End date

9. Addition of Name in Account (Attach photo, KYC, CIF, AOF)

Please add Mr./Mrs./Ms

Relationship with Primary account Holder

10. Account transfer /Closure

a. Please Transfer my Account no. to your Branch.
Reason

b. Please close my Account No. Mode of Payment
Reason
Unused Cheque leaves surrendered. Debit Card Hotlist/Destroyed

11. Any other Request

Terms & Conditions

*Please ensure that all the details mentioned here are correct and up to date. Bank will not be responsible for any delays or non-delivery arising from incorrect information. E-mail ID and Mobile number provided above, shall reflect in all accounts under the above mentioned CIF number. Bank will send SMS alerts on the updated mobile number. Charges if any, for any new service mentioned will be debited to customers account. All terms and conditions as updated from time to time on the bank's website will be applicable.

Declaration

This is to certify that the above information is correct to the best of my knowledge and I/We permit the Bank to update the above details in its records for any further communication. I/We agree that I/We have read and understood the terms and conditions and agree to abide by the same.

Date

Signature of 1st Applicant

Please sign

Signature of 2nd Applicant

Please sign

For Bank Use only Branch Code:

Request accepted by

Request authorised by

(Maker Employed ID):

(Checker) Employee ID: