

Customer Service Request Form (Domestic and NRI customers)
CRF-2 (Branch)

(Office use only)		Branch Name	Date (dd/mm/yyyy)
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Instructions

1. Please fill in BLOCK letters only. Please leave one box blank between words. Tick (✓) the appropriate boxes 2. Please submit self attested documentary proof, if applicable, for the change request 3. Please tick mark and fill relevant sections relating to the change/update request only. 4. Request form may be submitted to the base branch where the account is maintained or at any CSB branch

Account Information

Account No.:							
Name of 1 st Account Holder							
Name of 2 nd Account Holder <small>(If applicable)</small>							
Name of 3 rd Account Holder <small>(If applicable)</small>							

Please add/make the following changes in the records pertaining to my/our account with your bank

<input type="checkbox"/>	Aadhaar/UID Linkage - for Direct Benefit Transfer (DBT) ← Please tick here if you need to link your aadhaar number/ UID to your account
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Aadhaar Number/UID to be linked:		(Self attested copy of Aadhaar card/Letter to be furnished)
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<input type="checkbox"/>	Standing Instruction Mandate Registration Request ← Please tick here if you need to issue a standing instruction mandate
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Account No. to be debited							
Amount In figures (Rs.)			Amount In Words (Rs.)				

Periodicity: Daily Weekly Monthly Others (please specify)

Start date (From) (dd/mm/yyyy): End date (To) (dd/mm/yyyy):

Beneficiary's name

Beneficiary's Account Number

Fill either a) or b):

a) CSB Beneficiary: CSB Branch name Particulars

b) Other Bank Beneficiary*:

Beneficiary's Bank name Branch name

Beneficiary's Branch IFSC Code Particulars

*NEFT charges as applicable will be debited from the account for other bank transfer

<input type="checkbox"/>	Stop Payment Request ← Please tick here if you want to issue a stop payment of cheque/s
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Cheque No. (From)		(To)		Blank/Dated (dd/mm/yyyy):			
Amount In figures (Rs.)			Amount In Words (Rs.)				

Name of Payee (Beneficiary)

Reason for stop payment: Lost Stolen Others (Specify) (Cheque return charges and stop payment charges will be debited as applicable)

<input type="checkbox"/>	Duplicate Record Request/Cheque Book Request ← Please tick here if you need a duplicate of any of the following	(Applicable charges would be deducted from Account Number mentioned above)
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SB Passbook CD/OD Account Statement Cheque Book* request leaves (If Cheque request form is lost/misplaced)

*Cheque book to be delivered at Base Branch Mailing address other branch (specify branch) P.T.O.

Acknowledgement (to be issued to the customer by the customer's base branch)

Account No.:							
The following services have been requested:							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stop Payment Instruction for Cheques	Duplicate Record Request/Cheque Book Request	Alternate Delivery Channels	Nomination				

Name & Designation of Bank Official/ Marketing Officer: _____

Seal & Signature of Bank Official/ Marketing Officer _____

Alternate Delivery Channels Request

← Please tick here if you need to block your ATM Card

1. Block ATM Card - Reason: Lost Stolen

Nomination

← Please tick here if you need to add/change nominee

1. Add Nominee 2. Change Nominee

Name of Nominee

Relationship with Depositor Age Date of Birth (if minor)

Address of Nominee

*As the nominee is a minor on this date, I/We appoint (Name, Address & Age) to receive the amount of the deposit on behalf of the minor nominee in the event of my/ our/ minor's death during the minority of the nominee.

Signature(s) of Depositor(s) Signature of 1st Applicant Signature of 2nd Applicant Signature of 3rd Applicant

Name & Address of Witness

Date Place Signature of witness

*Where deposit is made in the name of minor, the nomination should be signed by a person lawfully entitled to act on behalf of the minor, Strike out if nominee is not a minor.

Terms & Conditions/Declaration

I/We, the undersigned, being customer/s of The Catholic Syrian Bank Ltd. (hereinafter referred to as "Bank") hereby confirm that I/We have read, understood and agree to abide and be bound by all the provisions of the terms & conditions as displayed on the website: www.csb.co.in (details also available with all CSB branches) which govern, all of my/our accounts, maintained/opened with the Bank from time to time and also the provisions of the various services/facilities provided at present/that may be provided in future. I/We understand that the Bank may at its sole discretion, at any time and from time to time, without prior or post intimation to me/us, add, alter or modify any of the said terms and conditions and discontinue any of the services completely or partially without any notice to me/us. I/ We hereby agree to abide and be bound by all such changes as if they form part of the terms and conditions and that any transaction in my/our account(s) with the Bank and/or usage of any services by me/us subsequent to such change shall be deemed and tantamount to my/our acceptance of all such changes. I/We agree that the Bank may debit my account for service charges as applicable from time to time. I hereby affirm and declare that my present residential address is as in the Customer Profile/Customer Request form submitted by me while opening/operating my account. I understand that any deliverable sent by the bank to that address, if returned undelivered, will result in the bank stopping all operations of my account without notice.

I/We hereby declare that the above mentioned information with respect to my/our bank accounts held with your bank is/are true & correct.

All joint holders should sign in case of joint accounts.

Date:

1st Account Holder 2nd Account Holder 3rd Account Holder

Declaration by the Branch

Verified the documents furnished with the originals, as per the KYC/ AML guidelines

Name of Bank Official

Designation Date

Seal & Signature of Section Officer/ Marketing Executive

Emp Code

Identity of the applicant/s verified and account master updated as per request

Name of Bank Official

Designation Date

Seal & Signature of Principal Officer of the branch

Emp Code

Terms & Conditions for change request



I/We, the undersigned, being customer/s of The Catholic Syrian Bank Ltd. (hereinafter referred to as "Bank") hereby confirm that I/We have read, understood and agree to abide and be bound by all the provisions of the terms & conditions as displayed on the website: www.csb.co.in (details also available with all CSB branches) which govern, all of my/our accounts, maintained/opened with the Bank from time to time and also the provisions of the various services/facilities provided at present/that may be provided in future. I/We understand that the Bank may at its sole discretion, at any time and from time to time, without prior or post intimation to me/us, add, alter or modify any of the said terms and conditions and discontinue any of the services completely or partially without any notice to me/us. I/ We hereby agree to abide and be bound by all such changes as if they form part of the terms and conditions and that any transaction in my/our account(s) with the Bank and/or usage of any services by me/us subsequent to such change shall be deemed and tantamount to my/our acceptance of all such changes. I/We agree that the Bank may debit my account for service charges as applicable from time to time. The fresh/new Photograph(s)/Signature(s) submitted for updation would be valid once the changes are updated in the system. The Bank will not be responsible for return/dishonour of any such outstanding/unpaid cheque/debits/requests and which are still in transit and yet to be received/actioned by the Bank and not in conformity with the fresh/new Signature(s) and/or Operating Instructions. I hereby affirm and declare that my present address is as in the Customer Profile form submitted by me while opening my account. I understand that any deliverable sent by the bank to that address, if returned undelivered, will result in the bank stopping all operations of my account without notice.