



To,
 The Branch Manager
 Suryoday Small Finance Bank Ltd.
 _____ Branch

Date
 Place _____



Sub: Request for Modification of Mandate Holder

I wish to change the mandate holder in my NRE/NRO Account:

NRE Account Number:

NRO Account Number: Customer I'd:

Email I'd:

Contact/Mobile Number:
Country Code Area Code Number

DETAILS OF MANDATE HOLDER

Existing Mandate Holder to be deleted:

Permanent Address:

City: State: Pin Code:

Date of Birth: Gender: Male Female Others

PAN NO. Email I'd

Contact/Mobile Number
Country Code Area Code Number

Addition of New Mandate Holder:

Name of Mandate Holder:

Permanent Address:

City: State: Pin Code:

Communication Address:

City: State: Pin Code:

Date of Birth: Father Name:

Mother Name: Marital Status: Single Married Others

Gender: Male Female Others UID No.

PAN NO. Email I'd

Contact/Mobile Number
Country Code Area Code Number

 (Specimen signature of the Mandate holder)



CUSTOMER DECLARATION

1. I / We hereby authorise the mandate holder
 - a) To draw cheques on the account for local payments
 - b) No overseas remittances
 - c) To deposit cheques eligible to be deposited in the NRE/NRO account on behalf of the account holder(s) as permitted by RBI regulations
 - d) To make NRE/NRO fixed deposits from balances available in the account in account holder(s) names under the same customer ID and renew such deposits for such periods as may be given in writing by the mandate holder
 - e) To operate the account to facilitate making investments in India, applicable wherein the account holder(s) or a bank designated by the account holder(s) is eligible to make investments in India
 - f) To use the Debit Card issued in respect of the mentioned account.
2. I / We authorize SSFB Bank to issue an SSFB Bank Debit card and a cheque book to the mandate holder in the name of the Primary applicant.
3. I / We acknowledge that the issue and usage of the card is governed by the terms and conditions as in force from time to time and agree to be bound by the same. I / We and the mandate holder acknowledge that it is my / our responsibility to obtain a copy of and read the same. I / We and the mandate holder accept that the terms and conditions are liable to be amended by SSFB Bank Ltd. from time to time. I / We further unconditionally and irrevocably authorize SSFB Bank Ltd., to debit my / our account annually with an amount equivalent to the fee and charges for the use of the said Debit card if any.
4. I / We hereby undertake that I / we and our / my mandate holder shall comply with the provisions of the Exchange Control Guidelines issued by the RBI and the Foreign Exchange Management Act, 1999 and all regulations thereof, including the Foreign Exchange Management (Deposit) Regulations, 2000. I / We hereby undertake that I / we have made known to the mandate holders the specific uses of the Debit Card as per the said Regulations and Guidelines. I / We hereby undertake to indemnify SSFB Bank against any loss, damage, claim, action, proceedings, costs, charges, and expenses that may be suffered or incurred by SSFB Bank on account for any activity undertaken by the mandate holder by the use of the -/Debit Card.
5. The specimen signature of the mandate who has been authorised to operate upon the account is given above. The signature has been duly attested and verified by me / us.
6. This authority shall continue in force until I / we expressly revoke it by a notice in writing delivered to you.

I/We have read and understood all the conditions stated above and hereby agree to comply with same.

I /We confirm that I am not a US person and not resident for Tax purpose in any country other than India, if yes then FATCA declaration to be provided

Yours Faithfully,

1st Applicant's signature

2nd Applicant's signature

3rd Applicant's signature



MANDATE HOLDER MODIFICATION FORM FOR NRI ACCOUNT HOLDERS

FOR BANK USE ONLY:

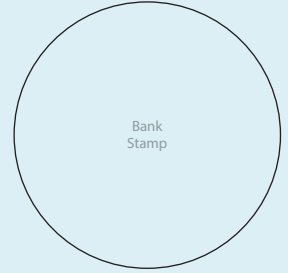
The applicant (s) signed in my presence and duly verified with the Bank records

Signature of the Bank officials _____

Staff Name _____ Staff Employee I'D _____

Date _____

place _____



Bank
Stamp

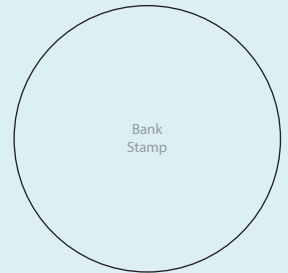
ACKNOWLEDGEMENT SLIP FOR MODIFICATION OF MANDATE HOLDER

Received From : _____

Account Number : _____ Dated _____

Staff Signature : _____ Staff Employee I'D _____

SSFB Branch Name : _____



Bank
Stamp