

**Account Maintenance and Service Form - Non Individuals**

 KYC Number:            

 Service Request Number: 

 Date:      

 Cust. ID:          

 Account Number:                      (required for sections marked with \*)

**Service Request Summary Table**

- Part A: Change in:**  Address Change  Change in Mobile No / Telephone No / Email ID
- Part B: Change in**  Operating Instructions
- Part C: Request for:**  Cheque Book  Stop Payment  Statement  Account Transfer / Regn  Doorstep Banking  Certificate  
 PAN / Udyog Aadhar / TAN updation  DD Cancellation / Revalidation  SI Set Up  SI cancellation
- Part D: FD / RD related:**  Change in maturity instructions  Change in mode of payment  Change TDS Details  Premature Closure

**Part A - Application for change in Contact Details**

I/We request you to effect the following changes in your bank records. I understand that the change(s) is / are being carried out at my / our request and will affect all accounts linked to the Cust. ID number mentioned above with Suryoday Small Finance Bank Limited. I/We shall submit the necessary documents in original and photocopy required for affecting the same:

**Change of Address**

 Change of:  Correspondence Address  Regd Office Address  Both

New Correspondence Address: \_\_\_\_\_

 Is correspondence address same as Regd office address:  Yes  No

If no, Regd office address: \_\_\_\_\_

Document Provided as proof: \_\_\_\_\_ Document ID (if any): \_\_\_\_\_

Issuing Authority: \_\_\_\_\_ Place of Issue: \_\_\_\_\_

**Change in Contact Details**

 Change in:  Mobile No  Telephone No  Email ID

New Mobile No.: \_\_\_\_\_

Current Tel No to be changed (1): \_\_\_\_\_

New Telephone No. (1): \_\_\_\_\_

Current Tel No to be changed (2): \_\_\_\_\_

New Telephone No. (2): \_\_\_\_\_

New Email ID: \_\_\_\_\_

**Part B - Application for change in Operating Instructions\***
**Change in Operating Instructions**

 Existing:  Singly  Any one  Any two jointly

 Jointly by all  As per resolution

 Others (please specify) \_\_\_\_\_

 New:  Singly  Any one  Any two jointly

 Jointly by all  As per resolution

 Others (please specify) \_\_\_\_\_

**Part C - Service Requests\***
**Cheque Book**

 Issuance Request 

Number of Books: \_\_\_\_\_

\*Cheque book will be delivered at registered mailing address only

Cheque Book not received: Request place through -

 Internet Banking  Mobile Banking  Branch  Call Center  ATM

**Part C - Service Requests \***
**Stop Payment**

Cheque Number: \_\_\_\_\_

Amt of Cheque: \_\_\_\_\_

Payee's Name: \_\_\_\_\_

Date of Cheque: \_\_\_\_\_

Request Time: \_\_\_\_\_

Reason: \_\_\_\_\_

**Statement**

Period for which Statement required: \_\_\_\_\_

 Type of Statement:  E Statement  Printed and couriered

**Account Transfer / Registration**
 Transfer account to city \_\_\_\_\_ branch \_\_\_\_\_

Purpose: \_\_\_\_\_

**Certificate**
 TDS certificate request for the FY: \_\_\_\_\_

 Interest certificate request for the FY: \_\_\_\_\_

**Doorstep Banking**
 Register for Doorstep Banking

Expected financial transactions per month: \_\_\_\_\_

Expected non financial transactions per month: \_\_\_\_\_

**PAN / Udyog AADHAR / TAN updation**
 Update PAN number: \_\_\_\_\_

 Update TAN number: \_\_\_\_\_

 Update UDYOG AADHAR number: \_\_\_\_\_

(provide a copy of self attested ID proofs for updation)

**DD Cancellation / Revalidation**
 Cancellation or  Revalidation of DD no.: \_\_\_\_\_

issued on: \_\_\_\_\_ in favour of \_\_\_\_\_

Reason: \_\_\_\_\_

**Standing Instruction Set-up**

Beneficiary Name: \_\_\_\_\_

Beneficiary Bank Name: \_\_\_\_\_

Beneficiary Branch Name and Code: \_\_\_\_\_

Beneficiary Account No.: \_\_\_\_\_

Amount per month (In ₹): \_\_\_\_\_

Starting Date: \_\_\_\_\_

 Frequency:  Weekly  Fortnightly  Monthly

**Standing Instruction Cancellation**

Beneficiary Name: \_\_\_\_\_

Beneficiary Account No.: \_\_\_\_\_

Ending date (in case of cancellation): \_\_\_\_\_

Reason for Cancellation: \_\_\_\_\_

**Part D - To be filled in case of FD /RD \***

**Type of Deposit:**  Fixed Deposits  Recurring Deposits  Flexi Recurring Deposits  
**Change Maturity Instructions:**  Auto Renew Principal  Auto Renew Principal & Interest  Repay Principal and interest  
**Change Mode of Payment:**  Payment instrument to be mailed to mailing address  Credit to SSFB Account no.: \_\_\_\_\_  
 NEFT / RTGS to Account No: \_\_\_\_\_, Bank name: \_\_\_\_\_, IFSC Code: \_\_\_\_\_, Customer Name: \_\_\_\_\_  
**Change TDS details:**  Submit Form 15G / 15H  Submit Income Tax Exemption Letter.  
**Pre-mature Closure:**  FD Premature Closure  RD Premature Closure

I/We \_\_\_\_\_ herewith authorize Suryoday Small Finance Bank Limited to debit amount ₹ \_\_\_\_\_ from my/our account no.

**Declaration/Undertaking by Applicant(s):**

I/We understand that changes requested above would be effected in Bank's record by the Bank including New Signatures, Operating Instructions etc. The Bank will not be responsible for return / dishonor of any requests which are still in transit and may be altered /stopped by the changes requested above. In case where Operating Instructions have been changed, the ATM/Debit cards (if applicable) would still in transit and may be altered / stopped by the changes requested above. In case where Operating Instructions have been changed, the ATM/Debit cards (if applicable) would be hotlisted / discontinued automatically. I/We have understood the charges applicable for the requests made above and am/are agreeable to the same. I/We also consent to share my/our personal / KYC details with Central KYC Registry.

----- Signature of Authorised Signatory Name:	----- Signature of Authorised Signatory Name:	----- Signature of Authorised Signatory Name:
----- Signature of Authorised Signatory Name:	----- Signature of Authorised Signatory Name:	----- Signature of Authorised Signatory Name:

\* In case the number exceeds the above limit, please attach a separate sheet.

**Acknowledgement Slip**  
 Received request from \_\_\_\_\_ (Name of entity) \_\_\_\_\_.  
 Cust. ID number           Account No (if account specific request)            
 Nature of request.....  
 Date:  
 Suryoday Small Finance Bank Limited (Branch Name/Address and Stamp).....  
  
  
 Signature of Bank Official  
 Employee ID: \_\_\_\_\_ Employee Name: \_\_\_\_\_