

SURYODAY SMALL FINANCE BANK LIMITED

Account Maintenance and Service Form - Individuals					
KYC Number:			Service Request Number:		
Date: DD MM Y Y Y Y					
Cust. ID:	Account Number:		(required for sections marked with *)		
Service Request Summary Table					
Part A: Change of: Name / Surnam	-	•			
	_				
Part B: Change in Contact Details: Address Change	Addition or Change in Mobile No	/ Telephone No / Ema	ail ID		
Part C: Request for: ☐ Cheque Book ☐ Statement ☐ SI Set Up ☐ Mobile Banking	□ Account Activation □ ATM / Debit Card □ DD Cancellation / Revalidation □ Stop Payment □ Account Transfer □ Certificate □ Doorstep Banking □ PAN / Aadhar / OVD number Updation □ SI cancellation □ Nominee Display on Customer deliverables / SMS / Email Alerts / E-Statement Registration				
Part D: FD/RD related: ☐ Change in matu	rity instructions	of payment \square C	Change TDS Details Premature Closure		
Part A - Application for change in Name / Signa	nture / Mode of Operation				
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 CIF number mentioned above with Suryoday Small Finance Bank. I/We shall submit the necessary documents in original and photocopy required for affecting the same:					
Change of Name / Surname	Change of Signature		Change in Operating Instructions*		
Reason for name change:	Existing Signature #	Existing:	☐ Single / Self ☐ Either or Survivor ☐ Jointly by all		
Current Name/Surname:			☐ Former or Survivor ☐ Others (please specify):		
New Name / Surname:		New:	☐ Single / Self ☐ Either or Survivor ☐ Jointly by all		
Document Provided as proof:	New Signature #		☐ Former or Survivor ☐ Others (please specify):		
Document ID:					
Issuing Authority: Place of Issue:	#: to be signed in presence of bank staff				
Part B - Application for change in Contact Deta		4 1 114			
Change of Address			n or Change in Mobile No/Telephone No/Email ID		
Change of:	office Address	Add / Change in	☐ Mobile No ☐ Telephone No ☐ Email ID		
New Mailing Address:					
Is mailing address same as Residence / office address: ☐ Yes ☐ No			-		
If no, Residence / office address:		New Telephone No:			
ir no, residence / once address.					
Document Provided as proof:	ent Provided as proof: Document ID (if any): New Email ID:				
Issuing Authority:	Place of Issue:				
Part C - Service Requests *					
Cheque Book	Account / ID Activa	ation	ATM / Debit Cards		
Issuance Request:	☐ Activation of inoperative account		☐ Issue a new debit card. Name on Card:		
☐ Personalised Cheque Book, #cheque books	☐ Internet banking User ID disabled. To be enabled		Reissue Card: Card not working at ATM Card Lost Card Expired		
Loose leaves, No. of leaves:			Reissue PIN: PIN not working in ATM PIN forgotten or illegible		
Personalized cheque books will be delivered to the mailing address only	DD Cancellation / Revalidation		1		
			d ☐ Hotlist card		
Cheque Book not received: Request place through -	ineason:		☐ Card swallowed by ATM on date:		
☐ Internet BankingMobile Banking ☐ Branch ☐ Call Centre ☐ ATM		for the BankLocation			
Stop Payment	Statement / Passbook		Certificate		
Cheque Number:	Period for which Statement required:		TDS certificate request for the FY:		
Amt of Cheque:	Type of Statement: E Statement Printed Passbook		☐ Interest certificate request for the FY:		
Payee's Name:		1-1			
Potent Charman	Account Transfer / Reg		Doorstep Banking		
Date of Cheque:		ranch	Doorstep Banking Register for Doorstep Banking Expected financial transactions per month:		

PAN/AADHAR/OVD	Updation	Standing Instruction Set-up	Standing Instruction Cancellation	
Update PAN number :		Beneficiary Name:	Beneficiary Name:	
Update AADHAR number:		Beneficiary Bank Name:	Beneficiary Account No.:	
Update Driving License No.:		Beneficiary Branch Name and IFSC Code:	Ending date (in case of cancellation):	
License Expiry date:		Beneficiary Account No.:	Reason for Cancellation:	
Update Passport No.: Passport Expiry date:		Amount per month (In Rs):		
☐ Update NREGA Job card No.:		Starting Date:	Nominee Display on Customer Deliverables	
☐ Update Voter ID No.:		Frequency: Weekly Fortnightly Monthly	☐ Nomination display on Internet Banking and other customer	
(provide a copy of self attested ID proofs for a	updation)		deliverables	
	M	obile Banking/SMS/Email Alerts/E-Stateme	ent Registration	
Register for Mobile Banking	☐ Subscribe to Em	ail alerts	☐ E Statement Registration (to registered Email ID)	
Part D - To be filled in case of FI	D /RD *			
Type of Deposit:	☐ Fixed Deposit	s □ Recurring Deposits □ Flexi Recur	ring Deposits	
Change Maturity Instructions:	☐ Auto Renew Prin	cipal and pay interest	erest Repay Principal and interest	
Change Mode of Payment:	☐ Payment instru	ment 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 1	5G / 15H ☐ Submit Inco	me Tax Exemption Letter.	
Pre-mature Closure:	☐ FD Premature (Closure		
Iherewit	h authorize Survo	day Small Finance Bank Limited to debit amoun	t INR from my account no	
to cover administration costs for				
Declaraton/Undertaking by App	plicant(s):			
		be effected in Bank's record by the Bank including N	ew Signatures, Operating Instructions etc. The same would be valid	
only once the changes are updated	I in the system whic	h would take a minimum of 48 hours. The Bank will r	not be responsible for return / dishonor of any requests which are	
1		• .	icucti have been changed, the ATM/Debit cards would be	
			above and am/are agreeable to the same. I/We also consent to	
share my/our personal / KYC details	s with Central KYC F	egistry.		
Ciaratana Prima ma Assa	(II-14	Cianatama Int Inint A account III-11-	Cinnelland In d Initial Assessment Halden	
Signature: Primary Acco	ount Holder	Signature: Ist Joint Account Holder Name:	Signature: IInd Joint Account Holder Name:	
A almanda de constati				
Acknowledgement Slip	(Nama of anti-	A)		
Received request from		count No (if account specific request):		
Suryoday Small Finance Bank Limited (Branch Name/Address and Stamp)				
			Signature of Bank Official	
Ť		_	nployee ID:Employee Name:	