



Account Maintenance and Service Form - Individuals

KYC Number:

Service Request Number:

Date:

Cust. ID:

Account Number:

(required for sections marked with *)

Service Request Summary Table

Part A: Change of: Name / Surname Signature Operating Instructions

Part B: Change in Contact Details: Address Change Addition or Change in Mobile No / Telephone No / Email ID

Part C: Request for: Cheque Book Account Activation ATM / Debit Card DD Cancellation / Revalidation Stop Payment
 Statement Account Transfer Certificate Doorstep Banking PAN / Aadhar / OVD number Updation
 SI Set Up SI cancellation Nominee Display on Customer deliverables
 Mobile Banking / SMS / Email Alerts / E-Statement Registration

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 Name / Signature / 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: <input type="checkbox"/> Single / Self <input type="checkbox"/> Either or Survivor <input type="checkbox"/> Jointly by all
Current Name/Surname: _____	_____	<input type="checkbox"/> Former or Survivor <input type="checkbox"/> Others (please specify): _____
New Name / Surname: _____	New Signature # _____	New: <input type="checkbox"/> Single / Self <input type="checkbox"/> Either or Survivor <input type="checkbox"/> Jointly by all
Document Provided as proof: _____	_____	<input type="checkbox"/> Former or Survivor <input type="checkbox"/> 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 Details

Change of Address	Addition or Change in Mobile No / Telephone No / Email ID
Change of: <input type="checkbox"/> Mailing Address <input type="checkbox"/> Residence / Office Address <input type="checkbox"/> Both	Add/Change in <input type="checkbox"/> Mobile No <input type="checkbox"/> Telephone No <input type="checkbox"/> Email ID
New Mailing Address: _____	New Mobile No: _____
Is mailing address same as Residence / office address: <input type="checkbox"/> Yes <input type="checkbox"/> No	New Telephone No: _____
If no, Residence / office address: _____	New Email ID: _____
Document Provided as proof: _____	Document ID (if any): _____
Issuing Authority: _____	Place of Issue: _____

Part C - Service Requests *

Cheque Book	Account / ID Activation	ATM / Debit Cards
Issuance Request: <input type="checkbox"/> Personalised Cheque Book, #cheque books ____ <input type="checkbox"/> Loose leaves, No. of leaves: _____ <i>Personalized cheque books will be delivered to the mailing address only</i>	<input type="checkbox"/> Activation of inoperative account <input type="checkbox"/> Internet banking User ID disabled. To be enabled	<input type="checkbox"/> Issue a new debit card. Name on Card: _____ Reissue Card: <input type="checkbox"/> Card not working at ATM <input type="checkbox"/> Card Lost <input type="checkbox"/> Card Expired Reissue PIN: <input type="checkbox"/> PIN not working in ATM <input type="checkbox"/> PIN forgotten or illegible
Cheque Book not received: Request place through - <input type="checkbox"/> Internet Banking <input type="checkbox"/> Mobile Banking <input type="checkbox"/> Branch <input type="checkbox"/> Call Centre <input type="checkbox"/> ATM	DD Cancellation / Revalidation <input type="checkbox"/> Cancellation or <input type="checkbox"/> Revalidation of DD no. _____ issued on _____ in favour of _____ Reason: _____	<input type="checkbox"/> Hotlist card <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Card swallowed by ATM on date: _____ for the Bank _____ Location _____
Stop Payment	Statement / Passbook	Certificate
Cheque Number: _____	Period for which Statement required: _____	<input type="checkbox"/> TDS certificate request for the FY: _____
Amt of Cheque: _____	Type of Statement: <input type="checkbox"/> E Statement <input type="checkbox"/> Printed <input type="checkbox"/> Passbook	<input type="checkbox"/> Interest certificate request for the FY: _____
Payee's Name: _____	Account Transfer / Registration	Doorstep Banking
Date of Cheque: _____	<input type="checkbox"/> Transfer account to city _____ branch _____	<input type="checkbox"/> Register for Doorstep Banking
Request Time: _____	Purpose _____	Expected financial transactions per month: _____
Reason: _____		Expected non financial transactions per month: _____

