FOR BANK LISE ONLY

Country*:

ACKNOWLEDGEMENT TO CUSTOMER

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ACKNOWLEDGEMENT TO CUSTOMER		Certified that this Request Letter is complete in all	Certified that this Request Letter is complete in all respect & all relevant documents are obtained & verified as per mode of operation and signature of
Customer Name :	Date of Request Received:	the AVC. The request may please be processed. The CKF has been personally the Customer by verifying his/plen Debit Card / KVC document & also his / inclains the record of the cristomer on his / her request at non-base branch.	the A/C. The request may please be processed. The CAF has been personally submitted by the customer. Have satisfied myself about the identity of the Customer by verifying his/har Debit Card / KVC document & also his / her signature in Bank's records. I have done proper due diligence for undefind the record of the customer on his / her request a non-base hearth.
Request No.:	Employee Number:	Bank Induced Request	יאַמכּטרנור וווון מפרכ מומופון
Name of the Branch Official:	Signature	Request Received Date :	Forwarded To CPC Date:
Please Note: Your request (request numbers -1-14) will be proccessed within 2 working days. Addition of joint holders and change	working days. Addition of joint holders and change	Request Accepted By:	Employee Number: Signature:
of signature will take up to 4-5 working days. Delivery of kits/ cheque books/ statement etc. to your address will take between 5-11 working days if dispatched through courier and 15-17 working days if dispatched through speed post (depending on location)	atement etc. to your address will take between 5-11 ed through speed post (depending on location)	Request certified by signature :	Designation : OH BH S.S.No. :
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Utkarsh Small Finance Bank Aapki Ummeed Ka Khaata

CUSTOMER REQUEST FORM

Please strike off the fields which are not applicable

For Branch Use Only	(Encircle Rec	uested SR/s

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Mode: Note: 1. V	1. Mobile No. Updation Request & Alerts Registration: This subscribes to all alerts including value Added Alerts. Chargeable for saving Accounts Country Code Contact Number Mobile No. Unsubscribe from value Added Alerts (Only mandatory Alerts will be sent. For e.g. All card based & Internet Banking Transaction) A. Individual Segment: All Relationship Please select below if you wish to update in selected accounts only- I. All Savings Accounts: II. All Fixed Deposit Accounts: III. All Recurring Deposit Accounts: IV. Only in Account No: V. Only at Cust ID Level: B. Non-Individual Segment I. Only in Account No: III. Only at Cust ID Level: Donly at Cust ID Level: III. Only at Cust ID Level:																																
2. F 3. F	applicable. 2. For Individual accounts, in case of joint holder mobile number updation, signature of only joint holder is required. 3. For Mobile number updation in Individual accounts with mode of operation "Jointly", signature of all the joint holders are required.																																
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	b) Tax Reference No CHANGE OF ADDRESS: A) Communication (a) Residence (b) Office B) Permanent (Please leave space between two words) (In case of joint holders, each holder needs to fill the seperate form.)																																
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I have read and understood and agree to be bound by the Terms and conditions of various products and services including SMS Banking, E-Statement & Internet Banking, including Terms and Conditions related to sharing of relevant information under foreign tax like FATCA, as displayed on www.utkarsh.bank. I agree that the bank may debit service charges plus taxes to my account wherever applicable.

Nationality*

DATE :	D	D	M	M	Υ	Υ	Υ	Υ	PLACE :	CUSTOMER SIGNATURE :
DAIL.									1 LAGE	COSTOMEN SIGNATURE



CUSTOMER REQUEST FORM

Please strike off the fields which are not applicable

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Occument For Proof Of Address (Mandatory for Change in Mailing Address):	
Document Identification No. :	
ssue Date : D D M M Y Y Y Y Valid Till : D D M M Y Y Y Y	
Place of Issue : Issuing Authority :	-
7. NEW CHEQUE BOOK REQUEST: Number of Cheque Book /s Required :	
B. ACCOUNT ACTIVATION- DORMANT/INACTIVE ACCOUNT: REASON FOR NON OPERATION ACCOUNT:	_
9. DUPLICATE STATEMENT*: Statement Required From Date: D D M M Y Y Y Y To Date: D D M M Y Y Y Y *Will be charged as appl	icable.
10. DEBIT CARD DEACTIVATION OF DEBIT CARD NUMBER: REACTIVATION OF DEBIT CARD NUMBER: ISSUE DEBIT CARD DUPLICATIE PIN:	
11. STOP PAYMENT REQUEST Number of Cheques: Payee Name: Cheque Number(s): Date of Cheque: Reason for stop payment: 3334 L S330 S34 L S330	
12. REVERSAL OF CHARGES Date of Debit: □ □ □ M M Y Y Y Y Amount of Debit: ₹	
13. ISSUANCE OF PASSBOOK	
14. SIGNATURE VERIFICATION	
15. PRINT NOMINEE NAME* Y N *Depending upon the option selected here, nominee name will get printed / not printed on statements, passbooks etc.	
16. CUSTOMER CONSENT FOR AADHAAR ENABLED PAYMENT SERVICES (Applicable only for Individual Savings Account with Mode of Operation as No, I do not want to enable AEPS (Cash Withdrawal/Purchase/Funds-transfer) debit**s transaction services for my Savings Account with Utkarsh Small Finance Bank. Yes, I hereby confirm that I want to avail AEPS (Cash Withdrawal/ Funds-transfer) debit transaction services for my Savings Account with Utkarsh Small Finance Bank.	Singly)
*Cash deposit, balance enquiry, account debit throught fund transfer and mini-statement services would remain enabled on AePS. #In case of non-selection of either options, AePS would remain disabled. \$ Customer can enable / disable AePS service in account by submitting request in Utkarsh Small Finance Bank branch. Signature	
17. ANY OTHER (please Specify)	_
have read and understood and agree to be bound by the Terms and conditions of various products and services including SMS Bankin - statement & Internet banking, including Terms and conditions related to sharing of relevant information under foreign tax laws like FAT as displayed on www.utkarsh.bank. I agree that the Bank may debit service charges plus taxes to my account wherever applicable.	

_____ Customer Signature_

PLACE: __