

THE DECCAN COOPERATIVE URBAN BANK LTD

Customer Request Form

Date:- __/__/__

Account Holder's Name: _____	Account No: 10010
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Type of Request

1. Please tick the appropriate box (es), wherever applicable and give the new details in the space provided.

<input type="checkbox"/>	Change of Address* (Please provide relevant proof and it should be attested as per Attestation Requirements [@])
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Line 1 (Flat No) _____.

Line 2 (Street) _____.

Line 3 (Lane) _____.

City * _____ State/Province* _____.

Pin Code* _____ Landmark _____.

<input type="checkbox"/>	Change of Mobile Number	Service Provider _____.
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<input type="checkbox"/>	Change of Signature
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Old Signature ^	New Specimen Signature

<input type="checkbox"/>	Issuance of duplicate Passbook (latest photograph re	Reason: <input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Others _____.
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<input type="checkbox"/>	Issuance of Cheque Book	Number of leaves required : 15 / 30 / 90
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<input type="checkbox"/>	Stop payment of Cheque issued	In favor of: _____ No: _____ Dated: __/__/__
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<input type="checkbox"/>	Issuance Of Account Statement	Date:- From __/__/__ To __/__/__	Month:-
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<input type="checkbox"/>	SMS ALERTS	Please give SMS Alerts to my mobile number:-.....
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***Please Submit all Necessary Proofs/Papers for complying your request**



Request for change in Nomination

Nomination under section 45ZA of the banking Regulation Act,1949 and rule 2(1) of the Banking Companies(Nomination)Rules,1985 in respect of the Bank Deposits .

I/We.....nominate the following person to whom in the event of my/our/minor's death the amount of the deposit ,mentioned overleaf may be returned by THE DECCAN COOPERATIVE URBAN BANK LTD, Saidabad, Hyderabad, to the nominee for the Deposit

Account Number

Type Of Deposit:-

Name:

Age:

If the Nominee is a minor(DOB)

Relationship with the Depositor

Hyderabad	
Date:	Signature/Thumb Impression of the Depositor (In case of thumb impression 2 witnesses required)
Witness-1	Witness-2

Request for Standing Instructions

S.I. Date ___/___/___

Period

Expiry Date:- ___/___/___

Debit A/c:-

Name Of A/c Holder

Debit Particulars:-

Credit A/c:-

Name Of A/c Holder

S.I.Amount:-

Declaration: I request bank to amend the information provided in my account as stated above and confirm that all the details provided herein by me are correct. Further I authorise the bank to recover appropriate charges from my account

Date	Place	Signature
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Attestation/For Office Use Only

Commission A/c:

Name: **Rs.**