

## **CUSTOMER REQUEST FORM (Annexure- A)**

| To, The Branch Head Bandhan Bank   |               | I     | Branc  | h   Br   | ancl | ı Co | ode   |             |      |       |      |              |     |          | Dat   | te.   |              |      |       |      |      |     |  |
|--|---------------|-------|--------|----------|------|------|-------|-------------|------|-------|------|--------------|-----|----------|-------|-------|--------------|------|-------|------|------|-----|--|
| I/We (Customer's Name)   |               |       |        |          |      |      |       |             |      |       |      |              |     |          |       |       |              |      |       |      |      |     |  |
| CIF ID:  |               |       |        |          |      | Aco  | cour  | ıt Nı       | ıml  | er:   |      |              |     |          |       |       |              |      |       |      |      |     |  |
| 1. Mobile Related Alerts:  |               | Ν     | Iobile | e Alei   | ts R | egi  | strat | ion         |      |       |      | N            | Лоb | ile A    | Aler  | ts D  | <b>)</b> ere | gist | ratio | on   |      |     |  |
| 2. Mobile/Phone No. Change   | e Requ        | ıest: |        |          |      |      |       |             |      |       |      |              |     |          |       |       |              |      |       |      |      |     |  |
| a) Landline No. Update (I  | Res.) (       | With  | STD    | Code     | es): |      |       |             |      |       |      |              |     |          |       |       |              |      |       |      |      |     |  |
| b) Landline No. Update (0  | Off.) (       | With  | STD    | Code     | es): |      |       |             |      |       |      |              |     |          |       |       |              |      |       |      |      |     |  |
| c) Mobile: +91   |               |       |        |          |      |      |       |             |      |       |      |              |     |          |       |       |              |      |       |      |      |     |  |
| 3. Email ID (For E-Statement   | Regis         | strat | ion):  | In ca    | se E | -Sta | ıtem  | ents        | are  | e act | tiva | ted,         | phy | /sica    | al st | ater  | nen          | ts w | ill t | e di | isab | led |  |
| Email ID:  |               |       |        |          |      |      |       |             |      |       |      |              |     |          |       |       |              |      |       |      |      |     |  |
| 4. Pan Update:   |               |       |        |          |      |      |       |             |      |       |      |              |     |          |       |       |              |      |       |      |      |     |  |
| 5. AADHAAR Card No. Upda   | ate:          |       |        |          |      |      |       |             |      |       |      |              |     |          |       |       |              |      |       |      |      |     |  |
| 6. Change of Address: (Please leave a space between two words) New Address Building/Road Name* | A. C<br>B. Pe |       |        | ntion    |      |      |       | i) R        | Resi | den   | ice  |              |     | j        | ii) C | Offic | ce           |      |       |      |      |     |  |
| Village/City/Town*   |               |       |        |          |      |      |       |             |      | Dis   | t.   |              |     |          |       |       |              |      |       |      |      |     |  |
| P.O  |               |       |        |          |      |      |       | P.S         |      |       |      |              |     |          |       |       |              |      |       |      |      |     |  |
| State*   |               |       |        |          |      |      |       |             |      |       |      |              |     |          | PIN   | Co    | de*          | :    |       |      |      |     |  |
| Landmark   |               |       |        |          |      |      |       |             |      |       |      |              |     |          |       |       |              |      |       |      |      |     |  |
| Document for Address Proof (N  | <b>A</b> anda | tory  | for ch | ange     | in M | 1ail | ing . | Add         | ress | s)    |      |              |     |          |       |       |              |      |       |      |      |     |  |
| Document Identification Numb   | er*           |       |        |          |      |      |       |             |      | Is    | suii | ng A         | uth | orit     | y     |       |              |      |       |      |      |     |  |
| Place of Issue *To be filled as Mandatory  |               |       |        |          |      |      |       | Issu<br>Val | _    | _     |      |              |     |          |       |       |              |      |       |      |      |     |  |
| 7. Change of Name  |               |       |        |          |      |      |       |             |      |       |      |              |     |          |       |       |              |      |       |      |      |     |  |
| Reason for name changing:  |               |       |        |          |      |      |       |             |      |       |      |              |     |          |       |       |              |      |       |      |      |     |  |
| <b>Existing Account Name</b>   |               |       |        |          |      |      |       |             |      |       |      |              |     |          |       |       |              |      |       |      |      |     |  |
| New Account Name   |               |       |        | <u> </u> |      |      |       |             |      |       |      | <u> </u><br> |     |          |       |       |              |      |       |      |      |     |  |
| New Account Name   |               |       |        |          |      |      |       |             |      |       |      |              |     |          |       |       |              |      |       |      |      |     |  |
| (Please Attach the Supporting  | Docur         | nent) |        |          |      |      |       |             |      |       |      |              |     |          |       |       |              |      |       |      |      |     |  |
| 8. Correction in Father's Nan  | ne            |       |        |          |      |      |       |             |      |       |      |              |     |          |       |       |              |      |       |      |      |     |  |
| Old Name   |               |       |        |          |      |      |       |             |      |       |      |              |     |          |       |       |              |      |       |      |      |     |  |
|  |               | Ī     |        |          |      |      |       |             |      |       |      |              |     |          |       |       |              |      |       |      |      |     |  |
| Rectified Name   |               |       |        | <u> </u> |      |      |       |             |      |       |      | <u> </u>     |     |          |       |       |              |      |       |      |      |     |  |
| (Please Attach the Supporting  | Docur         | nent) |        |          |      | 1    | 1     |             |      | 1     | 1    | 1            |     | <u> </u> |       |       |              |      |       |      |      |     |  |

| 9. Change in DOB  |   |
|---|---|
| Old DOB Rectifi   | ed DOB  |
| <ul> <li>Please Attach the Supporting Document</li> <li>If the difference between the Old Date of Birth and New will be required.</li> </ul>  | Date of Birth is beyond 5 years, a separate Customer Declaration  |
| Declar  | · · · · · · · · · · · · · · · · · · ·   |
| I/We hereby declare that the information furnished above is true  | •   |
| I/We hereby confirm having read and understood all the terms & I/We agree that Bank may debit my account for service charges  | - · · · · · · · · · · · · · · · · · · ·   |
|   | plus taxes as applicable from time to time.   |
| Date:   |   |
| Place:  | Customer's Signature  |
|   |   |
| For Branch Of Certified that this Request Letter is complete in all respect & all please be processed. The CRF has been personally submitted by the documents in my presence. I have satisfied myself about the identisher signature in Bank's records. I have done proper due diligerat non-base branch/base branch. | I relevant documents are obtained & verified. The request may<br>e Customer and the customer has signed the form and all associated<br>ntify of Customer by verifying his/her KYC document & also |
| Name of Employee  | Signature   |
| Employee Code   | Designation   |
| Branch Code   |   |
| Date  | Approved by (BH/ABH)  |
|   | (With Stamp & Employee ID)  |
|   |   |