

CUSTOMER REQUEST FORM (For Operation)

To,
The Br Head/Manager,
PRIME CO-OP BANK LTD.
Branch _____
Date: _____

Name of A/c. _____

Account No. _____ Customer ID _____

Phone no. _____ Mobile: _____ email address _____

Please Tick [] The Appropriate Box

I/We hereby request you as follows,

1. **CHANGE OF ADDRESS (Please enclose Proof Of Address (new)**
I/ We request you to update /change my/our new Current Permanent Office Factory
 Correspondence address in your record (New Address) _____
City _____ Pin Code _____ E-mail ID _____
Phone No _____ Mobile: _____
2. **STATEMENT** (please Debit the charge to my/our a/c. if any)
Statement require from date : / / to / / as Statement not received by us.
3. **CHEQUE BOOK REQUEST**
 Not received for New A/c. Request for reissue but not received
 Cheque book requisition Slip Lost. Please Issue.
4. **REQUEST TO CANCEL DD / PAY ORDER** (please Debit the charge to my A/c.) : Please cancel my/our
DD/PO number _____ of Rs. _____ dated _____ in favour of _____
_____ which is attached herewith this request.
5. **STOP PAYMENT REQUEST** (please Debit the charge to my A/c.)
Cheque No : From _____ TO _____ No. of leaves _____
Payee Name: _____ Date _____ Reason of Stop Payment _____
6. **ACCOUNT CLOSER REQUEST** :(please Debit the charge to my A/c. if any) :
I/We request you to close account for the reason _____.
Further we surrender herewith,

<input type="checkbox"/> Unused Cheque bearing No Form _____ to _____	<input type="checkbox"/> ATM card
<input type="checkbox"/> Request to delete Standing Instructions given in Account /PMJJBY /PMSBY	<input type="checkbox"/> Other , (Please Specify _____)

Please pay balance amount in account to me/us by Cash Demand Draft Pay Order Credit to account number
_____ with _____ bank with IFSC _____
7. **DORMANT / IN OPERATIVE ACCOUNT:** I/ We have been informed that the above referral account has been declared
as INOPERATIVE Account since it was not operated by myself/ Our Self. I/We hereby state that the account inoperative due to
_____. I/ We further assure you that the henceforth I/ We will regularly operate the account and maintain
minimum balance as per the bank's norms. Kindly consider my/ our request & allow me / us to use all the banking services
provided by you. To consider my request I/WE enclose KYC Documents.
8. **SIGNATURE VERIFICATION REQUEST:** please Debit the charge to my A/c.
9. **DUPLICATE PASS BOOK:** I/we request you to issue me/us a duplicate passbook in lieu of the one lost/spoiled. Requisite
bank charges may be debited to my/our a/c. I undertake to advise the Bank as soon as the original pass book is found to avoid
its misuse.
10. **BALANCE CERTIFICATE** (please Debit the charge to my A/c)
Please issue balance certificate as on _____ (date).I/We will keep indemnify bank and any bank official
for the same.

11. **SOLVENCY CERTIFICATE** (please Debit the charge to my A/c)
 Please issue solvency certificate for value Rs. _____ as I/We have to submit to _____
 for the purpose _____

We have attached all the documents required herewith this request form. I/We will keep indemnify bank and any bank official for the same.

12. **NAME ADDITION:** I/We request you to add the name of Mr/Ms/Mrs. _____
 to my/our SB BSBDA Locker Account .As per the KYC norms, the required documents are
 attached herewith. Please updates account Operating Instruction in your record as under,
 Any One Jointly Any Two Either or Survivor Any one or survivor Former or Survivor.

13. **NAME DELETION:** I/we request you to DELETE the name of Mr/Ms/Mrs. _____
 from our _____ account. Please updates account Operating
 Instruction in your record as under,
 Any One Jointly Any Two Either Or Survivor Any one or survivor Former or Survivor.

14. **DEBIT\CREDIT MADATE:**I/We request you to debit \credit my/our account for _____
 I/We request you to Debit Credit my/our account for _____
 Request to **debit** by Rs. _____ for _____ months and credit to my/our deposit/loan account number _____.
 Request to **credit interest on my/ our term deposit account number** _____ to my/our account number _____.

15. **REQUEST TO UPGRADE OUR BSBDA TO NORMAL SB ACCOUNT :** I/we request you to upgrade our
 BSBDA account to normal Saving Bank Account as I/We have submit all the KYC documents as prescribed in guidelines and
 in bank's policy. I/We hereby confirm balance of Rs. _____ in our existing BSBDA as on the date to request to
 upgrade the account.

16. **Signature Modification**
 I /We _____ have changed my / our signature(s) and
 would request you to consider my / our new signature for account operation purpose. I /We agree to abide
 by all the terms and condition of the Bank as are applicable for the said account. I/We state theta without
 prejudice to the Bank right in law or under the terms & condition or otherwise, I / We shall be liable to pay
 damages and compensation to the Bank, Which may be incurred or suffered by the Bank, if any for
 considering my/our request.

Old Signature

New Signature

 LATEST PHOTO

17. **OTHER (Please Mention here)**

Signature of A/c. holder(s) _____
 (Please provide a Signature of all account holders as per bank's record)

FOR OFFICE USE		
Request Received ON: _____	Relevant Charges - Debited Rs. _____	for _____
Request/Query is executed /solved on _____ Remark if any: _____		
<input type="checkbox"/> Demat Account, if any delinked. <input type="checkbox"/> SI \ Mandate deleted. <input type="checkbox"/> Cheque Leaves, if any, destroyed. <input type="checkbox"/> ATM card cancelled.		
Sub Officer / Officer / Manager /Branch Head (WITH EMPLOYEE ID STAMP)	Branch Seal	Branch Head/ AGM/ CEO/Chairman