



Associate Co-operative Bank Ltd.

MULTIPURPOSE REQUEST FORM

Date :

Name and Address :

Associate Co-operative Bank Ltd.

Surat.

Dear Sir,

Reg : My /OurSB/CD/TERM DEPOSIT/RDS/A/c.No.

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I am / we are maintaining the captioned account/s with your branch. Please correction in

1. Kindly arrange to issue me duplicate Pass Book as the original pass book has been lost. I am / We are prepared to bear the charges, thereof, if any.
2. Please STOP PAYMENT of Cheque no.....dated.....fvg..... for Rs.....
3. Please credit a sum of Rs.....lying in sundry creditors as wrong account has been mentioned by me / us/ My / Our correct account no. is.....Counterfoil of the pay in slip is enclosed as a proof.
4. Please cancel DD / Banker's cheque No.....dated.....fvg..... for Rs.....and credit the proceeds to my / our account no.....after deducting the cancellation charges.
5. Please convert my / our account from dormant / inoperative to operative. I / We assure that the account will hereafter be operated regularly.
6. I / We have forgotten the PIN number of ATM Debit card. Please issue me/us a new one.
7. Please cancel my ATM / Debit card.
8. My ATM card is blocked. Please do the needful to activate the same.
9. Kindly issue me / us an interest certificate.
10. Kindly issue me a duplicate password for internet banking.
11. Please reverse my / our ATM charges.
12. Please change my name as Mrs..... Copy of Marriage certificate is enclosed.
13. My son / daughter has attained majority on.....I have verified his / he signature in a separate A/c. opening card confirming balance in his / her A/c. Please change / update your record accordingly. I / we confirm the balance of Rs.....as on.....The operational instructions will henceforth be Self / E OR S / Former or Survivor / Jointly and balance payable to.....
14. CHANGE OF ADDRESS & TELEPHONE NO: Kindly make necessary changes in my / our accounts. (Proof for change of address as per KYC guidelines enclosed)

My new address is a below : My / Our new phone no.....

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15. Kindly attest my / our signatures / on the enclosed form. Necessary charges may be debited to my/Our SB/CD/A/c. No.....

16. ADDITION / DELETION OF NAMES IN MY / OUR SB / TDR A/cs

i / We have to request you to add / delete the names of.....

I / We give below details :

a) Name of existing account holder(s):.....

b) Amount of Deposit: Rs.....

c) Name to be added / deleted / Relation with existing A/c. Holder.....

d) Reason :.....

Signature of Existing A/c. Holders

Signature of persons proposed for addition

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We confirm the balance in the captioned bank / SB / Term Deposit Account No.....

amounting to Rs.....as on.....

A Fresh Account opening form duly completed and signed is enclosed herewith.

17. I / we shall be glad if you will please arrange to close the captioned account and pay the balance together with interest if any by cash / pay order or credit the same to my / our saving bank A/c no.....fvg.....

18. Please give me Bank statement for period

19. Any other request:

Yours faithfully

FOR OFFICE USE ONLY

Q-NUMBER

J- NUMBER

OFFICER

OFFICER