ಜನತಾ ಸೇವಾ ಕೋ–ಆಪರೇಟಿವ್ ಬ್ಯಾಂಕ್ ಲಿ.,
JANATHA SEVA CO-OPERATIVE BANK LTD.,

CUSTOMER REQUEST FORM

Branch : _____ Date :_____

1st Applicant's Name*. _____3rd. Applicant's Name*._____

2nd Applicant's Name*. _____4th Applicant's Name*.._____

Account Number : _____ Customer ID :_____

PAN _____Form-60 _____

ADD / UPDATE PERSONAL DETAILS

☐ 1. Update KYC details : a. Address and Identity Proof _____

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B. Address Proof, if different from Above _____

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☐ 2. Update Date of Birth : _____

☐ 3. Address Change : (Latest address to be updated)

_____

_____

☐ 4. Mobile Number updation/change : _____

☐ 5. Addition / Deletion of Name : (Please fill and attach the Customer profile form)

I/We wish to add / delete the name of Smt / Sri_____in the above account as (reason) _____

Name of New Holder : _____

The new Operating Instruction of the above Account will be

☐ Self ☐ Either or Survivor ☐ Former or Survivor ☐ Jointly ☐ Others _____

OTHER ACCOUNT MODIFICATIONS

☐ 6. Transfer ☐ SB / CA Account To Branch Name _____ Branch Code _____

☐ 7. Change mode of operation in above mentioned account to

☐ Self ☐ Either or Survivor ☐ Former or Survivor ☐ Jointly ☐ Others _____

☐ 8. Request to activate my inoperative / Dormant account (Please fill and attach the Customer profile form)

Reason for dormancy : _____

☐ 9. Convert my account from Minor to Major as I became Major on _____(Please fill and attach the Account Opening Form)

ACKNOWLEDGEMENT

Date of Request Received :_____Customer Name :_____

Account No : _____ Signature of Branch Official :_____

☐ 10. Change my signature : _____

From	OLD SIGNATURE	To	NEW SIGNATURE

☐ 11. Request to issue Pass Book/ Duplicate Pass Book for the Account number _____

☐ 12. a. Request to stop payment of Cheque number listed below :

Starting from _____ ending at _____ or cheque number _____,

Issued in favour of _____

b. I/We have lost the cheque book containing leaves from _____ to_____, Please stop payment for the same and issue new cheque book.

☐ 13. Closure of account :

I/We request to close the above account and pay the balance by Cash/ Credit to account number :

_____

Reason for closure of account :_____

The unused cheques to be destroyed/ ATM Card access to be disabled and Mobile Banking facility to be delinked.

☐ 14. Please issue TDS/Interest certificate : _____.

NOMINATION

☐ 15. Nomination Details :

New ☐ / Change ☐ / Delete ☐

(Please fill and attach the nomination form)

I have read, understood and agree to the Terms and Conditions of various products and services including SMS alerts, Debit card. I accept and agree to be bounded by the Terms and Conditions as displayed on www.jscbl.bank.in I agree that the bank may debit service charges plus taxes to my account whenever applicable.

First Account Holder's Signature	Second Account Holder's Signature	Third Account Holder's Signature	Fourth Account Holder's Signature

For Branch Use Only

Signature of Bank Official	Signature of Verifying Official

ACKNOWLEDGEMENT

Date of Request Received :_____Customer Name :_____

Account No : _____ Signature of Branch Official :_____

ACKNOWLEDGEMENT

Date of Request Received :_____Customer Name :_____

Account No : _____ Signatureof Branch Official :_____