

CUSTOMER REQUEST FORM

For Branch Office Use Only (Encircle Requested SR/s)

1 2 3 4 5 6 7 8 9

To,
The Branch Head
ESAF Small Finance Bank Limited

Date of Request: DDMMYY

Branch:

Customer Name
Customer Name
CIF ID
Account Number

I/We request you to kindly process the ✓ (Tick) marked requests as below:

1. Mobile Number Update & Alerts Registration (Include Country Code)
(Country apart from India please specify)

*The Mobile Number provided above will be registered for SMS and Missed Call Banking Services.

2. LANDLINE NUMBER UPDATE (Res.):
LANDLINE NUMBER UPDATE (Off.):

3. E-MAIL ID (FOR E-STATEMENT REGISTRATION): In case E-Statements are activated, physical statements will be disabled.

4. PERMANENT ACCOUNT NUMBER (PAN) DETAILS:

5. a) Country of Residence b) Tax Reference No.

6. CHANGE OF ADDRESS A) ☐ Communication i) ☐ Residence ii) ☐ Office B) ☐ Permanent

(Please leave space between two words) (In case of joint holders, each holder needs to fill separate forms)

Landmark*
City*
Country*
State*
PIN Code*
Nationality*

DOCUMENT FOR PROOF OF ADDRESS (Mandatory for change in Mailing Address):

DOCUMENT IDENTIFICATION NUMBER:

ISSUING AUTHORITY:..... PLACE OF ISSUE:

ISSUE DATE: DDMMYY VALID TILL: DDMMYY

7. NEW CHEQUEBOOK REQUEST: Number of Cheque Book/s Required:

8. ACCOUNT ACTIVATION: PLEASE REACTIVATE MY ACCOUNT NUMBER

REASON FOR NOT OPERATING THE ACCOUNT:

9. OTHER GENERAL REQUESTS

☐ E-mail ☐ Physical statement From Date: DDMMYY To Date: DDMMYY *Will be changed as applicable
☐ Pass Book Related ☐ Issue New Passbook ☐ Issue Duplicate Passbook

Cheque Book not recived. Request placed through Requisition Slip/Contact Centre/Internet Banking/Mobile Banking on

☐ Fund Transfer, Not Credited to Beneficiary Account Amount: Rs. Date: DDMMYY
Mode of Transfer: ☐ RTGS ☐ NEFT ☐ IMPS ☐ At Branch ☐ Internet Banking ☐ Mobile Banking

☐ Cancellation / Re Validation of Demand Draft / Pay Order

Amount Rs. Date: DDMMYY Number

☐ Interest/TDS Certificate ☐ CASA ☐ TD ☐ Loan Account Number
☐ Balance Certificate ☐ CASA ☐ TD ☐ Loan Account Number

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10	11	12	13	14	15	16	17	18
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10. DEBIT CARD

☐ DEACTIVATION OF DEBIT CARD NUMBER:

☐ REACTIVATION OF CARD NUMBER

☐ ISSUE DEBIT CARD DUPLICATE PIN

11. STOP PAYMENT REQUEST

Number of Cheques: Payees Name:

Cheque Number/s:

Date of Cheque: Reason for Stop Payment:

Amount:

FOR OFFICE USE ONLY:-
Time of stop payment
Request received:

12. REVERSAL OF CHARGES

Date of Debit: Amount of Debit Rs.

I undertake to keep henceforth an Average Monthly/Quarterly / Half yearly Balance of (In case of Average Balance

Non-Maintenance Charges only): I also

acknowledge that all other applicable charges with regard to my account have been communicated to me and I will abide by the same.

13. ☐ AADHAR LINKING (Please enclose a copy of the Aadhaar) Aadhaar Number

14. MOBILE NUMBER UPDATE & ALERTS REGISTRATION FOR JOINT HOLDERS:
(Include Country Code)

Wherever mobile numbers of joint account holders are provided, they will receive One Time Password (OTP) and transaction alerts on these numbers for transactions initiated by them on ATM, Internet banking as applicable.

Signature of Primary Holder Signature of 1st Joint holder Signature of 2nd Joint holder Signature of 3rd Joint holder

*Signature of all the holders is required for updating of mobile number/s of joint holders.

15. ☐ SIGNATURE VERIFICATION

16. PRINT NOMINEE NAME*

*Depending upon the option selected here, nominee name will get printed / not printed on statements, passbook etc.

17. ANY OTHER (Please specify)

I have read and understood and agree to be bound by the Terms and Condition to various products and services including SMS Banking, E-Statement & Internet Banking, including Terms & Conditions related to sharing of relevant information under foreign tax laws like FATCA, as displayed on www.esafsb.com. I agree that the Bank may debit service charges plus taxes to my account wherever applicable. I/We hereby declare that the above mentioned information with respect to my/our Bank accounts held with your Bank is true and correct. Please update the information in your records. I/We have submitted self attested copies of KYC related documents, wherever necessary.

DATE: PLACE: Customer Signature:

FOR BRANCH OFFICE USE ONLY

Certified that this Request letter is complete in all respect & all relevant documents are obtained & verified mode of operation and signatures of the A/c. The request may please be proceed. The CRF has been personally submitted by the Customer. I have satisfied myself about the identity of the Customer by verifying his/ her Debit card / KYC document & also his/her signature in the Bank's records. I have done proper due diligence for updating the records of the Customer on his/her request at non base branch.

☐ BANK INDUCED REQUEST

REQUEST RECEIVED DATE: FORWARDED TO CPC DATE:

REQUEST ACCEPTED BY: EMPLOYEE NUMBER: Signature:

Request certified by Signature: Designation: Emp ID

ACKNOWLEDGEMENT TO CUSTOMER

Customer Name: Date of Request Received:

Request No.: Employee Number:

Name of the Branch Official: Signature:

Please Note: Your request (request numbers 1-14) will be processed within 2 working days. Addition of joint holders and change of signature will take upto 4-5 working days. Delivery of kits/cheque books/statements etc. to your address will take between 5-11 working days if dispatched through courier and 15-18 working days if dispatched through speed post (depending on location).