



**Request (Please Tick the Appropriate Box)**

1. <input type="checkbox"/> <b>New Cheque Book Request</b>	Number of Cheque Leaves required: _____										
2. <input type="checkbox"/> <b>Statement of Account / Duplicate Statement</b>	Statement required from date <b>D D M M Y Y Y Y</b> to <b>D D M M Y Y Y Y</b>										
3. <input type="checkbox"/> <b>Consolidated Statement of Account</b> (Applicable for all your accounts)											
4. <input type="checkbox"/> <b>Pass Book</b> (please issue)											
5. <input type="checkbox"/> <b>Change Mode of Operation (Individual accounts only) for Account No.</b> _____											
to <input type="checkbox"/> Self <input type="checkbox"/> Jointly <input type="checkbox"/> Either or Survivor <input type="checkbox"/> Former or Survivor <input type="checkbox"/> Guardian											
6. <input type="checkbox"/> <b>Senior Citizen Updation: Date of Birth</b> <b>D D M M Y Y Y Y</b>											
7. <input type="checkbox"/> <b>Account Activation</b> (Activation of Dormant Account)	Reason for not operating account _____ (Attach ISA for Dormant Account and where KYC is incomplete) _____										
8. <input type="checkbox"/> <b>ISA Updation</b> Proof Submitted: _____											
9. <input type="checkbox"/> <b>Reversal of Charges</b> Date of Debit: <b>D D M M Y Y Y Y</b> Amount of Debit ₹: _____											
I undertake to henceforth keep an Average Quarterly Balance of ₹ _____											to honour cheques issued by me _____
10. <b>Account Related Queries:</b> <input type="checkbox"/> Cheque Book not received <input type="checkbox"/> Debit Card not received											
<input type="checkbox"/> Debit Card PIN number not received <input type="checkbox"/> Fixed Deposit Receipt (FDR) not received											
11. <input type="checkbox"/> <b>New Debit card</b> <input type="checkbox"/> <b>Rupay</b> <input type="checkbox"/> <b>Visa</b> Short Name: _____											
<input type="checkbox"/> <b>New International Debit Card</b> Short Name: _____											
<input type="checkbox"/> <b>New ATM card</b> <input type="checkbox"/> <b>Rupay</b> <input type="checkbox"/> <b>Visa</b> Short Name: _____											
<input type="checkbox"/> Debit Card hotlisting Debit Card Number: _____											
<input type="checkbox"/> Reissue of Card Reason: _____											
<input type="checkbox"/> Issue of Duplicate Pin of Debit / ATM Card											
12. <b>Internet Banking:</b> <input type="checkbox"/> Pin not received <input type="checkbox"/> User ID not enabled <input type="checkbox"/> Duplicate Password issue											
13. <b>Other Requests</b> Specify _____											

**Terms & conditions:** I agree to discontinue the physical statements being sent to me. I understand that the email statements are for my convenience. DCB Bank Limited (the "Bank") shall not be liable or responsible for any breach of secrecy because the statements are being sent to the above email ID. I shall verify the authenticity of the emails I receive. I shall not hold the Bank responsible for any statement received from fraudsters / imposters. I shall not hold the Bank liable if any problem arises with my computer network because of me receiving statements from the Bank. I have been authorized by the other holders to receive the statements on the above email address. I shall immediately inform the Bank in writing if there is any change in the information given above. The Bank shall not be responsible if I do not receive statements due to incorrect email address and technical reasons. I confirm to have read and understood the terms & conditions pertaining to my account. This registration will override any "Hold Statement" facility availed in the past.

## Declaration

I have read and understood the Terms & Conditions relating to various services offered by the Bank. I am aware of charges applicable for various services offered and I accept and agree to be bound by the said Terms & Conditions. The terms and conditions for these services are available on the Bank's website [www.dccbbank.com](http://www.dccbbank.com). I further authorize the Bank to debit my Account towards any applicable charges for any / various service / services provided as applicable from time to time. I understand that in the event of me already being registered for Phone Banking / Net Banking, this application will be treated as an authenticated request for regeneration of my TPIN/IPIN. I agree that the Bank may debit my account for service charges as applicable from time to time. I agree to adhere to all the terms and conditions of opening / applying / availling / maintaining / operating (as applicable) for usage of mobile banking service of the Bank as may be in force from time to time. I hereby expressly consent and authorise the Bank to make telephone calls, send SMSs or emails, IVR to voice out and enable Mobile Banking to inform / benefit me on any information or updates relating to the Bank's existing / new products / services / account information including SMS when a Pull SMS is sent. I agree and understand that by agreeing to receive the Statements(s) via E-mail under the option 'Go Green declaration box', I have at my own discretion accepted that such Statement(s) shall not be sent to me separately by post or in physical form through whatever other means.

\*I understand and agree that the consent given for updation / registration / requests for free Mobile alert facility shall be valid till such time I withdraw the same in writing. Unless specifically advised, the Bank will continue to send SMS alerts on the number requested by Authorised signatory/ies of the Firm / Company / Trust / Association / Society.

The Bank shall not be responsible and liable for any consequences which may arise owing to change in name/s, address, mobile number of individual, authorized signatory/ies or partners or directors or trustees or members of the Firm / Company / Trust / Association / Society.

## FATCA CRS declaration:

I/We understand that the Bank is relying on this information for the purpose of determining the status of the applicant named above in compliance with FATCA (Foreign Account Tax Compliance Act) / CRS (Common Reporting Standards).

The Bank is not able to offer any tax advice on CRS or FATCA or its impact on the applicant. I/We shall seek advice from professional tax advisor for any tax questions.

I/We agree to submit a new form within 30 days if any information or certification on this form becomes incorrect.

I/We agree that as may be required by domestic regulators/tax authorities the Bank may also be required to report, reportable details to CBDT (Central Board of Direct Taxes) or close or suspend my / our account.

I/We certify that I/we provide the information on this form and to the best of my/our knowledge and belief the certification is true, correct, up-to-date, and complete including the taxpayer identification number of the applicant.

**Aadhaar Consent:**  I consent to my Aadhaar card number and other personal information being used for the purpose of this application.

I have voluntarily submitted my *A*

- Seed my Aadhaar / UID Number issued by UIDAI (Unique Identification Authority)

- Map it at NPCI (National Payments Corporation of India) to enable me to receive Direct Benefit Transfer (DBT) from Government of India in my above mentioned account. I understand that if more than one Benefit Transfer is due to me, I will receive all Benefit Transfers in this account.
- Use my Aadhaar details to authenticate me from UIDAI.
- Use my mobile number mentioned in my account for sending SMS alerts to me.
- Consent for Authentication: I, the holder of the above stated Aadhaar number, hereby give my consent to DCB Bank Limited, to obtain my Aadhaar number, Name and Fingerprint/Iris for authentication with UIDAI. DCB Bank Limited has informed me that my identity information would only be used for demographic authentication/ validation / e- KYC purpose and also informed that my Aadhaar number will be transferred (linked and uploaded) to CIBR (Centralized Identification and Biometric Repository) only for the purpose of authentication.

I have been given to understand that my information submitted to the Bank herewith shall not be used for any purpose other than mentioned above, or as per requirements of law. I confirm that all the details provided in the form are correct.

I confirm that all the details provided in the form are correct

Name: \_\_\_\_\_

Date:

Customer Signature

**For Bank Use Only**Customer request acted upon on **DDMMYY|YY|YY** / forwarded to On **DDMMYY|YY|YY** Relevant charges debited ₹  I confirm that the account status is active and signature of the customer matches with our records.I have verified the  Current Address  Mobile Number  Email address of the customer and confirm it to be right as per our records

Name of the Branch Official:

Signature of Branch Official with Seal

243-Ver 1.0-Apr 2013

DCB Bank Limited

M008 / Mar 18 / 1.4

**Acknowledgment to Customer**

We acknowledge receipt of 'Customer Request Form' from \_\_\_\_\_ (customer name) on \_\_\_\_\_ for \_\_\_\_\_

Name of Branch Official: \_\_\_\_\_

(Signature of Branch Official with Seal)

**DCB 24-Hour Customer Care**

Call Toll Free: 1800 209 5363 ■ 1800 123 5363

Email: [customercare@dcbbank.com](mailto:customercare@dcbbank.com)Web: [www.dcbbank.com](http://www.dcbbank.com)**DCB BANK**