

CUSTOMER REQUEST FORM



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

1	2	3	4	5	6	7	8	9
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To,
The Branch Head
Axis Bank Ltd. _____ Branch | SOL ID: _____ Date of Request:

D	D	M	M	Y	Y	Y	Y
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Customer Name: _____
Customer ID: _____ Account Number: _____
Loan Account Number 1 _____ (The contact information provided will be updated in all the Loan Accounts'.)
(The contact information provided will be updated in all the Loan Accounts'.)
Credit Card Number: _____ (The contact information provided will be updated in all the Credit Cards'.)
(The contact information provided will be updated in all the Credit Cards'.)

1. Mobile Number Update & Alerts Registration (Include Country Code): _____
(Country apart from India please specify) _____
This subscribes to all alerts including Value Added Alerts. Chargeable ₹5 / month for Savings Account.
 Unsubscribe from Value Added Alerts (Only Mandatory Alerts will be sent. For e.g. All card based & Internet Banking Transaction)

Country Code	STD Code	Contact Number
_____	_____	_____

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 Form.)

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

DOCUMENT FOR PROOF OF ADDRESS (Mandatory for change in Mailing Address): _____
DOCUMENT IDENTIFICATION NUMBER: _____
ISSUING AUTHORITY: _____ PLACE OF ISSUE: _____
ISSUE DATE:

D	D	M	M	Y	Y	Y	Y
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 VALID TILL:

D	D	M	M	Y	Y	Y	Y
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7. NEW CHEQUEBOOK REQUEST: Number of Chequebook/s Required: _____

8. ACCOUNT ACTIVATION: PLEASE REACTIVATE MY ACCOUNT NUMBER _____
REASON FOR NOT OPERATING THE ACCOUNT: _____

9. DUPLICATE STATEMENT*:
Statement Required From Date:

D	D	M	M	Y	Y	Y	Y
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 To Date:

D	D	M	M	Y	Y	Y	Y
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 *Will be charged as applicable.

I have read and understood and agree to be bound by the Terms and Conditions to various products and services including SMS Banking, E-Statement & Internet Banking, including Terms and Conditions related to sharing of relevant information under foreign tax laws like FATCA, as displayed on www.axisbank.com. I agree that the Bank may debit service charges plus taxes to my account wherever applicable.

DATE:

D	D	M	M	Y	Y	Y	Y
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 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 processed. 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 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 CLH DATE:

D	D	M	M	Y	Y	Y	Y
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REQUEST ACCEPTED BY: _____ EMPLOYEE NUMBER: _____ Signature: _____
Request certified by signature: _____ Designation: OH BH S.S. No.: _____

ACKNOWLEDGEMENT TO CUSTOMER

Customer Name: _____ Date of Request Received:

D	D	M	M	Y	Y	Y	Y
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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 up to 4-5 working days. Delivery of kits / chequebooks / 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).

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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 REQUEST RECEIVED

12. REVERSAL OF CHARGES

Date of Debit: Amount of Debit: ₹ _____

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 regards to my account have been communicated to me and I will abide by the same.

13. ISSUANCE OF PASSBOOK

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 and Mobile 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*

 Y N

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

17. ANY OTHER (Please Specify)

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ACKNOWLEDGEMENT TO CUSTOMER

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