Capital Small Finance Bank

Serial No.

Date: D D M M Y Y Y Y

REQUEST FOR MODIFICATIONS (Corporate)

Pulse Unique Ref No.:

Customer Details : Customer ID | | | | | | | |

Account No. | | | | | | | | | | | | |

(Please fill in all the details in **CAPITAL LETTERS** and use **BLACK INK** only. Fields with*(asterisk) are mandatory)

*Name: _____

Client id: | | | | | | | |

Request Type (Tick the relevant box and strike off whichever not applicable)

☐ **Change of Firm's Name- Reason for Name Change** _____

Old name of Firm (as per Bank's records)	New name of Firm (to appear in Bank's records)

☐ **Change in Constitution** ☐ **Existing** _____ ☐ **New** _____

☐ **Change in Address/Contact Details** ☐ **Registered** ☐ **Mailing/Communication**

Address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Landmark | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Pin Code | | | | | | | City | | | | | | | | | | | State/UT | | | | | | | | | | | | |

Country | | | | | | | | | | | | | | | | Landline/Mobile | | | | | | | | | | | | | | |

E-mail | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

	Old Value	New Value
☐ **Mobile Alerts**	☐ Yes ☐ No	☐ Yes ☐ No
Mobile Number		
Name	Ms./Mr. _____	Ms./Mr. _____
Designation	☐ Proprietor ☐ Director ☐ Trustee	☐ Proprietor ☐ Director ☐ Trustee
Do Not Call (Registration)	☐ Authorized Signatory ☐ Karta ☐ Partner	☐ Authorized Signatory ☐ Karta ☐ Partner
☐ **Yes** ☐ **No**	☐ Others _____ (Please Specify)	☐ Others _____ (Please Specify)
☐ **E-mail Alerts**	☐ Yes ☐ No	☐ Yes ☐ No
☐ For Automated A/c Statement Frequency	E-mail ID _____	E-mail ID _____
	☐ Daily ☐ Weekly ☐ Fortnightly ☐ Monthly ☐ Quarterly	☐ Daily ☐ Weekly ☐ Fortnightly ☐ Monthly ☐ Quarterly
	☐ Half Yearly ☐ Yearly	☐ Half Yearly ☐ Yearly
☐ For Internet Banking	E-mail ID _____	E-mail ID _____
The E-mail ID mentioned for Internet Banking belongs to (Name)	Ms./Mr. _____	Ms./Mr. _____
Designation	☐ Authorized Signatory ☐ Director ☐ Trustee ☐ Karta ☐ Partner	☐ Authorized Signatory ☐ Director ☐ Trustee ☐ Karta ☐ Partner

Customer Signatures: (Along with Rubber Stamp)

Prop./Partner/Director/Auth. Signatory	Partner/Director/Auth. Signatory	Partner/Director/Auth. Signatory

✂ ---------- ✂

Serial No.

☐ **Change of mode of operation in Account**	☐ Proprietor ☐ Jointly by all* ☐ Any One Auth. Signatory ☐ As per Resolution ☐ Others (Please Specify)_____ **For mode of operations - "Jointly", Debit card and Internet banking will be discontinued.*	☐ Proprietor ☐ Jointly by all* ☐ Any One Auth. Signatory ☐ As per Resolution ☐ Others (Please Specify)_____ **For mode of operations - "Jointly", Debit card and Internet banking will be discontinued.*
☐ **Change in Nomination** (Applicable in Proprietorship Accounts) *Please obtain form DA1/DA2,DA3 (as applicable)	Name:	Name:

☐ There is no change in KYC details.
☐ Addition/Deletion of Partner/Director/Authorized Signatory
☐ Account Unfreeze
☐ Any other change not specified above_____

Customer Consent & Declaration

☐ I/We request you to make the mentioned changes in my/our account. The necessary document(s) for proof of change are enclosed for Bank records.
☐ The registration/change request submitted will override any previous information/requests with respect to the information provided in this form.
☐ I/We authorize the Bank to send the email statements/SMS and email transaction alerts/OTP on the email ID and mobile number mentioned in this form.
☐ The Bank shall not be responsible if the customer does not receive email/SMS due to incorrect email address/mobile number provided and due to technical reasons.
☐ The customer shall verify the authenticity of emails/SMS they receive.

I/We hereby declare that all particulars, information, statements and documents furnished by me/us in this application form and otherwise submitted to Capital Small Finance Bank Limited ("Bank") are true, correct, complete and not misleading in any respect, and that no material information has been concealed or withheld. I/We understand and acknowledge that furnishing any false, incorrect, misleading or incomplete information, or suppression of any material fact, may result in rejection of this application, recall/blocking of the facility and initiation of legal, regulatory or recovery proceedings as may be permissible under applicable laws. I/We authorize the Bank, its employees, agents, service providers, business correspondents and authorized representatives to verify the information furnished by me/us, conduct verifications, field investigations, due diligence, reference checks and electronic verification, and obtain information relating to me/us from employers, banks, financial institutions, Credit Information Companies ("CICs"), government authorities, statutory bodies and other lawful sources, as may be necessary for processing, verifying, monitoring, servicing and recovery of the facility. I/We consent to receive One Time Passwords (OTP), authentication codes and electronic communications on my/our registered mobile number and/or e-mail address for authentication, verification and execution of instructions relating to this application and the facility.

Updation in Nature of Buisness/Line of Activity/Number of office, etc.	
KYC Updation (Please specify document to be updated)	

Note: Please submit self attested documents

Customer Signatures: (Along with Rubber Stamp)

Prop./Partner/Director/Auth. Signatory	Partner/Director/Auth. Signatory	Partner/Director/Auth. Signatory

For Branch Use Only

Date: __ /__/____

Declaration from the Branch Official - I confirm
☐ The details match with the Bank's records
☐ The applicant(s) signed in my presence and the signature(s) have been verified with the Bank records
☐ The account is not Inoperative/Dormant/Frozen/in Debit balance

Signature of Branch Official with stamp: _____

Name & Employee ID: _____

Signature of Branch Head/ Operations Head with stamp: _____

Name & Employee ID : _____

Serial No.

Form No: 084
Version 07/26

Customer's Acknowledgement Slip (To be filled in by the Bank Staff)

Date: __ /__ /____

Received from _____ A/c No. _____ a request for change in name/signature/mode of operations.
The necessary changes will be carried out in the Bank's records only for the account mentioned above.

CSFB (Branch Name): _____

Signature of Bank Official: _____
(With Stamp)