

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

Mobile Number

Name

Designation

Do Not Call (Registration)
☐ **Yes**
☐ **No**
☐ Proprietor

☐ Director

☐ Trustee

☐ Authorized Signatory

☐ Karta

☐ Partner

☐ Others (Please Specify)

☐ Yes

☐ No

Mobile Number

Name

☐ Proprietor

☐ Director

☐ Trustee

☐ Authorized Signatory

☐ Karta

☐ Partner

☐ Others (Please Specify)

☐ **E-mail Alerts**
☐ Yes

☐ No

☐ For Automated A/c Statement Frequency

☐ For Internet Banking

The E-mail ID mentioned for Internet Banking belongs to (Name) Designation

E-mail ID

☐ Daily ☐ Weekly ☐ Fortnightly ☐ Monthly ☐ Quarterly

☐ Half Yearly ☐ Yearly

E-mail ID

Ms./Mr.

☐ Authorized Signatory ☐ Director ☐ Trustee ☐ Karta ☐ Partner

☐ Yes

☐ No

E-mail ID

☐ Daily ☐ Weekly ☐ Fortnightly ☐ Monthly ☐ Quarterly

☐ Half Yearly ☐ Yearly

E-mail ID

Ms./Mr.

☐ 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) _____ <i>*For mode of operations - "Jointly", Debit card and Internet banking will be discontinued.</i>	☐ Proprietor ☐ Jointly by all* ☐ Any One Auth. Signatory ☐ As per Resolution ☐ Others (Please Specify) _____ <i>*For mode of operations - "Jointly", Debit card and Internet banking will be discontinued.</i>
☐ 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 no. provided and due to technical reasons.
☐ The customer shall verify the authenticity of the emails/SMS they receive.
☐ I/We hereby give my consent to the processing of my Personal Information and Sensitive Personal Data or Information which I/we hereby voluntarily provide to the Bank and acknowledge that the shared Personal Information and Sensitive Personal Data or Information represents sensitive personal data or information within the meaning of Section 43A of Information Technology Act, 2000 and Section 3 of Information Technology (Reasonable Security Practice and Procedure and Sensitive Personal Data or Information) Rules, 2011 ("Data"). I/we hereby represent that I/we have been informed of the fact that my Bio-metrics and Data, will be processed and I/we hereby give my voluntary, unequivocal and informed consent hereto. I/we hereby give my consent to the Bank to disclose my/our Data to third parties/vendors and that the Bank shall be entitled to transfer such data or information in particular to the following categories of recipients not limited to the Bank's suppliers, the Bank's employees, providers of marketing and advertising services to the Bank, and other parties in other contractual relationship with the Bank. I/we further give my consent to the Bank to share my Data with Government Agencies/regulatory/statutory bodies mandated under the law as and when required to obtain information for the purpose of verification of identity, or for prevention of intrusion or spread of computer contaminant, detection, investigation, analysis, including cyber incidents/security, prosecution and punishment of offences related thereto. I/we have no objection to the Bank providing me information on various products, offers and services rendered by the Bank through and mode (including without limitation through telephone calls/ SMS/ E-mail) and authorize the Bank/ its group companies/ its agents/ its representatives for the above purpose. I/we agree to indemnify and keep indemnified the Bank and the persons or entities from whom it may obtain, or with whom it may disclose or verify my Data free and harmless from any liability arising from the use of any such Data. I/we understand that the Bank reserves the right to amend or supplement this consent form with future effect at any time, as far as the changes made are in the interest of the Customer. I/we hereby have no objection and give my/our consent for receiving OTP (One Time Password) on my/our registered mobile number for the purpose of authentication of this consent form.

Update 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 04/26	

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)