Capital Small Finance Bank

Serial No.

Date: D D M M Y Y Y Y

REQUEST FOR MODIFICATIONS (Individuals)

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: Mr./Ms./Mrs./Dr.: Primary Applicant _____ Client id: OCCUPATION

1st Joint holder: _____ Client id: OCCUPATION

2nd Joint holder: _____ Client id: OCCUPATION

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

Residential Status ☐ Resident ☐ Non Resident D.O.B

☐ **Change in Name – Reason for name change**:_____

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

#Please refer the Operating guidelines on Change in Name

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

House No.

Landmark

Pin Code City State/UT

Country Landline/Mobile

E-mail

	Old Value	New Value
☐ **Mobile Alerts**	☐ Yes ☐ No	☐ Yes ☐ No
Do Not Call (Registration)	☐ Yes ☐ No	☐ Yes ☐ No
Change of mode of operation	☐ Singly ☐ Either or Survivor ☐ Jointly by all* ☐ Anyone or Survivor ☐ Others_____ (Please specify) **For mode of operations - "Jointly", Debit card and Internet banking will be discontinued.*	☐ Singly ☐ Either or Survivor ☐ Jointly by all* ☐ Anyone or Survivor ☐ Others_____ (Please specify) **For mode of operations - "Jointly", Debit card and Internet banking will be discontinued.*
☐ **Change in Marital Status**	☐ Single ☐ Married	☐ Single ☐ Married

Spouse Name: _____ (If applicable) Father's Name:_____

(Relationship proof mandatory)

Customer Signatures: Primary Holder | 1st Joint Holder | 2nd Joint Holder

(Please submit relevant documents as per the Bank KYC guidelines)

Note:Signatures of customers on both the pages is mandatory

Serial No.

	Old Value	New Value
Email Alerts: ☐ For Internet Banking ☐ For Automated A/c Statement Frequency	E-mail_____ ☐Daily ☐ Weekly ☐ Fortnightly ☐ Monthly ☐Quarterly ☐ Half Yearly ☐ Yearly	E-mail_____ ☐ Daily ☐ Weekly ☐ Fortnightly ☐ Monthly ☐ Quarterly ☐ Half Yearly ☐ Yearly
☐ **Change in Nomination** Please obtain form DA1,DA2&DA3 (as applicable)	Name:	Name:

☐ There is no change in my KYC details.
☐ Addition/Deletion of Name in A/C
☐ KYC Updation
☐ Account Unfreeze Reason_____
☐ Any other change not specified above_____
☐ Inoperative to Operative

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.

List of documents (Please Specify)	

Note: Please submit self attested documents

Customer Signatures: | Primary Holder | 1st Joint Holder | 2nd Joint Holder |

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

Signature of
Branch Official with stamp:_____

Signature of Branch Head/
Operations Head with stamp:_____

Name & Employee ID: _____

Serial No.

Name & Employee ID: _____

Form No. 083
Version 07/26

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

Date: __/__/____

Received from Mr./Ms. _____ _____ request for _____ .
The necessary changes / updations will be carried out in the Bank's records only for the account mentioned above .

CSFB (Branch Name): _____

Signature of Bank Official: _____