

Customer Service Request Form (Domestic and NRI customers)	CRF-2 (Branch-Version II)
(Office use only) Branch Code Branch Name	Date (dd/mm/yyyy)
Instructions	
1. Please fill in BLOCK letters only. Please leave one box blank between words. Tick (*) the appropriate boxes 2. Please submit sel 3. Please tick mark and fill relevant sections relating to the change/updation request only. 4. Request form may be submitted to the	
Account Information	
Account No.:	
Name of 1st Account Holder	A M E L A S T N A M E
Name of 2 nd Account Holder	
(If applicable) Name of 3 rd Account Holder	
(If applicable) Please add/make the following changes in the records pertaining to my/our acco	ount with your bank
Aadhaar/UID Linkage - for Direct Benefit Transfer (DBT)	Julie Willi your Bullik
← Please tick here if you need to link your <u>aadhaar number/ UID to your account</u>	
Aadhaar Number/UID to be linked: (Self atto	ested copy of Aadhaar card/Letter to be furnished)
Standing Instruction Mandate Registration Request Please tick here if you need to issue a standing instruction mandate	
Account No. to be debited	++
Amount In figures (Rs.) Amount In Words (Rs.)	
	
Periodicity: Daily Weekly Monthly Others (please specify)	
Start date (From) (dd/mm/yyyy): End date (To) (dd/mm/yyyy)	
Beneficiary's name	
Beneficiary's Account Number	
a) CSB Beneficiary: CSB Branch name Particulars	
b) Other Bank Beneficiary*:	
Beneficiary's Bank name Branch name	3
Beneficiary's Branch IFSC Code Particular: *NEFT charges as applicable will be debited from the account for other bank transfer	s
Stop Payment Request	
← Please tick here if you want to issue a stop payment of cheque/s	
Cheque No. (From) (To) Blank/I	Dated (dd/mm/yyyy):
Amount In figures (Rs.) Amount In Words (Rs.)	
Name of Payee (Beneficiary)	
Reason for stop payment: Lost Stolen Others (Specify)	(Cheque return charges and stop payment charges will be debited as applicable)
Duplicate Record Request/Cheque Book Request ← Please tick here if you need a duplicate of any of the following (Applicable charge)	ges would be deducted from Account Number mentioned above)
☐ SB Passbook ☐ CD/OD Account Statement ☐ Cheque Book* request	leaves (If Cheque request form is lost/misplaced)
*Cheque book to be delivered at Base Branch Mailing address other branch (specify branch)	reaves (in circular request form shost imsplaces)
	P.T.O.
Acknowledgement (to be issued to the customer by the customer's base branch)	
	ଟ CSB Bank
	Formerly The Catholic Syrian Bank Ltd.
Account No.:	Date (dd/mm/yyyy)
	truction Mandate Registration
☐ Stop Payment Instruction for Cheques ☐ Duplicate Record Request/Cheque Book Request	☐ Alternate Delivery Channels ☐ Nomination
Name & Designation of Pank Official/Marketing Officer	Coal 9. Cianatura of Dank Off-i-1/ Marketin- Off
Name & Designation of Bank Official/ Marketing Officer:	Seal & Signature of Bank Official/ Marketing Officer

Alternate De ← Please tick here																																
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Nomination																																
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Name of Nominee		_								<u> </u>	<u> </u>		+	<u> </u>			<u></u>) Date	of B	irth		<u> </u>	<u> </u>					_
Relationship with D	eposite	or								<u> </u>			+	<u> </u>			/	\ge				if mi				<u> </u>						=
Address of Nomine	e								<u> </u>	<u> </u>	+	+	+	<u> </u>					<u></u>			<u> </u>	<u> </u>			\vdash	\vdash					_
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Signature(s) of Depo	sitor(s)	Signatu of 1 st Applica										(natu of 2 nd plica										Signa of 3 Appli	rd								
#Strike out if nominee is r In case of thumb impress			lder,	the san	ne shal	ll be	attest	ted b	y Bra	nch (Offici	ial und	der se	al.																		
Any other servi																																
Please specify: Terms & Condit I/We, the undersic provisions of the terms &	ions/[ned, bei	Decla	rat	t ion	CSB Ba	ank l	Limite	 ed (ŀ	nereii	nafte	r refe																					
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All joint holders should	sign in c	ase of jo	oint	accour	nts.																		Da	ate:								
1 st Account Holder								2 nd ccou Holde													3 rd ccou Hold											
Declaration by	the Br	anch																														
Verified the docur	nents f	urnisl	hed	with	the	ori	gina	ls, a	as p	er t	he	KYC	/ AM	L gu	idel	ine	s															
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Terms & Conditions for change request



I/We, the undersigned, being customer/s of CSB Bank Limited (hereinafter referred to as "Bank") hereby confirm that I/We have read, understood and agree to abide and be bound by all the provisions of the terms & conditions as displayed on the website: www.csb.co.in (details also available with all CSB branches) which govern, all of my/our accounts, maintained/opened with the Bank from time to time and also the provisions of the various services/facilities provided at present/that may be provided in future. I/We understand that the Bank may at its sole discretion, at any time and from time to time, without prior or post intimation to me/us, add, alter or modify any of the said terms and conditions and discontinue any of the services completely or partially without any notice to me/us. I/We hereby agree to abide and be bound by all such changes as if they form part of the terms and conditions and that any transaction in my/our account(s) with the Bank and/or usage of any services by me/us subsequent to such change shall be deemed and tantamount to my/our acceptance of all such changes. I/We agree that the Bank may debit my account for service charges as applicable from time to time. The fresh/new Photograph(s)/Signature(s) submitted for updation would be valid once the changes are updated in the system. The Bank will not be responsible for return/dishonour of any such outstanding/unpaid cheque/debits/requests and which are still in transit and yet to be received/actioned by the Bank and not in conformity with the fresh/new Signature(s) and/or Operating Instructions. I hereby affirm and declare that my present address is as in the Customer Profile form submitted by me while opening my account. I understand that any deliverable sent by the bank to that address, if returned undelivered, will result in the bank stopping all operations of my account without notice.