Customer Request (Smart) Form for Updation of Mobile No., E-Mail ID, Alerts, D.O.B, PAN & DBT Registration



Signature of Branch Official/BDE/Marketing Officer

| | Vlobile No., E | -Mail ID, Alerts, D.O.B | , PAN & DBT Reg | gistration | |
|---|---|---|--------------------------------|---------------------------|-------------------------------------|
| To, | | | | | (Version-5) |
| The Branch Manager CSB Bank Limited. | | | ☐ Do | mestic / NR | ☐ Individual / ☐ Joint |
| | Bi | ranch | | | |
| Custon | ner Name/s (in Bloc | ck letters): | | | |
| | , | per: | | | |
| Sub: R | Request to update n | ny/our PAN/Date of Birth/Mobile | No./E-Mail ID/Activation | n of DBT & to Subs | cribe for Alerts |
| commu | update my/our Person inication from the b | sonal details as mentioned below, pank. | | • | C , |
| Sl.No. | | Particulars | То | be furnished by Cu | stomer |
| 1. | Mobile Number | Country Code (Eg. +91 for India) | | | |
| 1. | | Number | | | |
| 2. | E-Mail ID | | | | |
| 3. | SMS / Email Alerts for the accounts related to the above Stated primary client* Date of Birth (D.O.B) (dd/mm/yyyy) | | ☐ Activate | ☐ De-activate | |
| | | | | | |
| 4. 5. | ` ` | anent Account Number (PAN) | //_ | | |
| 3. | Direct Benefit Transfer (DBT)** | | Activate | De-activate | |
| 6. | | | Aadhaar No.: | | |
| Ontion | for Receiving DR | T Benefits (Tick One): | | geable as per Bank's nori | ns, as applicable from time to time |
| i I w | rish to link my A | | | | per to enable me to receive |
| | | me, I will receive all the benefit tra | | | |
| NPCI N | Aapper). | | | | |
| | | ount witheiving DBT from GOI. I request yo | | | |
| wim in. Declar | * * | erving DB1 from GO1. I request yo | ou to change my NPC1 mapp | oing DBT Benefit A/C | to my A/c with your bank. |
| I/We he | reby declare that the p | personal details furnished above are tru | | | |
| | | rein, immediately. In case any of the ab | pove informationis found to be | e false or untrue or mis | leading or misrepresenting, I/we |
| | aware that I/we may b | pe neig hable for it. Our and voluntarily give my consent t | .u. | | |
| 0 | Use my Aadhar De | tails and carry out UIDAI authentication | on. | | |
| 0 | | umber to all my existing/new/future acc | | CIF) with your bank. | |
| O Lhave h | - | mber mentioned below for sending SM the nature of information that may be s | | ave been given to unde | er and that my information |
| | | th shall not be used for any purpose of | | | |
| I hereby | declare that all the a | bove information voluntarily furnished | by me is true, correct and con | mplete. | |
| | Sincerely, | | | | |
| Signature: Signature Name of 1 St holder: Name o | | | re: | Signat | |
| | e of 1st holder: | Name o | of 2 nd holder: | Name | of 3 rd holder: |
| Note: | indate Date of Birth | enclose self-attested copy of valid proo | of with DOB | | |
| | | will be updated in the Client/ Primary | | rnate banking channels | linked to this client. |
| | DBT activation through official to be subn | igh biometric E-KYC authentication, A | Aadhar Biometric validation re | port and Copy of Aadh | ar Card attested by customer and |
| | | official/ Marketing Officer (for 0 | office Use Only). | | |
| | | tric) Authentication: | □ No | | |
| | | c) authenticated - reason for except | | | |
| Dog | ımant Collected: | ☐ We Aadhaar Offline Verified ☐ Passport | ear down of finger print | | |
| | | Letter issued by the National Population | n Register | | issued by NREGA |
| | | erified, Certified copies of the KYC do C/AML guidelines. Applicants Signed in | | | |
| | | gravite guidennies. Applicants Signed I | | | |
| | | | | | |
| | | Emp. Code: | | (Seal & Signature of | Bank Official receiving the reque |
| > | | | | | ·- <u></u> - |
| | | ssued to the customer by the recipient branch) | | | CCSR Rank |
| Accoun | es requested: | | | | Trusted Heritage Smart Future |
| | | 2 | | | |
| ა Name & | & Designation of Branch Officia | al/BDE/Marketing Officer4 | | Date : | |

Emp. Code: