

# CUSTOMER REQUEST FORM

Please strike off the fields which are not applicable



For Branch Office Use Only (Encircle Requested SR/s)

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 |
|---|---|---|---|---|---|

The Branch Head

Axis Bank Ltd.

D D M M Y Y Y Y

Date of Request:

Branch | Sol ID: \_\_\_\_\_

Customer Name: \_\_\_\_\_

Customer Id: \_\_\_\_\_ Account Number: \_\_\_\_\_

**1. MOBILE NUMBER UPDATE(FOR SMS BANKING REGISTRATION):** \_\_\_\_\_  
Avail following Services - Transaction Alerts, Account Balance Requests, Cheque Book Requests, Secured Online Fund Transfers (if opted for Net Secure with SMS), Duplicate Debit Card/ Pin Request.

**2. LANDLINE NUMBER UPDATE (Res):** \_\_\_\_\_

LANDLINE NUMBER UPDATE (Off): \_\_\_\_\_

**3. EMAIL ID (FOR E-STATEMENT REGISTRATION):** In case E-Statements are activated, physical statements will be disabled  
\_\_\_\_\_

**4. CHANGE OF MAILING ADDRESS** (In case of joint holders, each holder needs to fill a separate form)

NEW MAILING ADDRESS (Please leave space between two words)

\_\_\_\_\_  
\_\_\_\_\_

Landmark\*: \_\_\_\_\_ STATE\*: \_\_\_\_\_

City\*: \_\_\_\_\_ Pin Code\*: \_\_\_\_\_

DOCUMENT FOR PROOF OF ADDRESS(Mandatory for Change in Mailing Address): \_\_\_\_\_

DOCUMENT IDENTIFICATION NUMBER: \_\_\_\_\_

ISSUING AUTHORITY: \_\_\_\_\_ PLACE OF ISSUE: \_\_\_\_\_

**5. NEW CHEQUE BOOK REQUEST: Number of Cheque Book/s Required:** \_\_\_\_\_

**6. ACCOUNT ACTIVATION: PLEASE REACTIVATE MY ACCOUNT NUMBER** \_\_\_\_\_

**REASON FOR NOT OPERATING THE ACCOUNT:** \_\_\_\_\_

I have read, understood and agree to the terms and conditions to various products and services including SMS Banking, E-Statement and Internet Banking. I accept and agree to be bounded by the Terms and Conditions as displayed on www.axisbank.com. I agree that the bank may debit service charges plus taxes to my account wherever applicable.

DATE: \_\_\_\_\_

PLACE: \_\_\_\_\_

CUSTOMER SIGNATURE: \_\_\_\_\_

**FOR BRANCH OFFICE USE ONLY**

REQUEST RECEIVED DATE: \_\_\_\_\_

FORWARDED TO CLH DATE: \_\_\_\_\_

REQUEST ACCEPTED BY: \_\_\_\_\_

EMPLOYEE NUMBER: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

Certified that this Request Letter is complete in all respect & all relevant documents are obtained & verified mode of operation and signatures of the A/c. The request may please be processed.  
For AXIS BANK LTD.

Signature: \_\_\_\_\_

Designation: \_\_\_\_\_ S.S. No: \_\_\_\_\_

**ACKNOWLEDGEMENT TO CUSTOMER**

Customer Name: \_\_\_\_\_

Date of Request Received: \_\_\_\_\_ Request Option No \_\_\_\_\_

Name of Branch Official: \_\_\_\_\_

Employee Number of Branch Official: \_\_\_\_\_ Signature: \_\_\_\_\_

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## 7. DUPLICATE STATEMENT

Statement Required From Date:       To Date:

## 8. DEBIT CARD

- DEACTIVATION OF DEBIT CARD NUMBER:
- REACTIVATION OF CARD NUMBER:
- ISSUE DEBIT CARD DUPLICATE PIN

FOR OFFICE USE ONLY -  
TIME OF REQUEST RECEIVED

## 9. STOP PAYMENT REQUEST

Number of Cheques: \_\_\_\_\_ Payees Name: \_\_\_\_\_  
 Cheque Number(s): \_\_\_\_\_  
 Date of Cheque: \_\_\_\_\_ Reason for Stop Payment: \_\_\_\_\_  
 Amount: \_\_\_\_\_

## 10. REVERSAL OF CHARGES

Date of Debit:         Amount of Debit: Rs. \_\_\_\_\_

I undertake to keep henceforth an Average Monthly/ Quarterly/ Half Yearly Balance of Rs. (In case of Average Balance Non Maintenance Charges only): \_\_\_\_\_

## 11. ISSUANCE OF PASSBOOK

## 12. SIGNATURE VERIFICATION

## 13. ANY OTHER (Please Specify)

\_\_\_\_\_

\_\_\_\_\_

I have read, understood and agree to the terms and conditions to various products and services. I accept and agree to be bounded by the Terms and Conditions as displayed on www.axisbank.com. I agree that the bank may debit service charges plus taxes to my account wherever applicable.

DATE: \_\_\_\_\_

PLACE: \_\_\_\_\_

CUSTOMER SIGNATURE: \_\_\_\_\_

### FOR BRANCH OFFICE USE ONLY

REQUEST RECEIVED DATE:

FORWARDED TO CLH DATE:

REQUEST ACCEPTED BY: \_\_\_\_\_

EMPLOYEE NUMBER: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

Certified that this Request Letter is complete in all respect & all relevant documents are obtained & verified mode of operation and signatures of the A/c. The request may please be processed. For AXIS BANK LTD.

Signature: \_\_\_\_\_

Designation: \_\_\_\_\_ S.S No: \_\_\_\_\_

### ACKNOWLEDGEMENT TO CUSTOMER

Customer Name:

Date of Request Received:         Request Option No

Name of Branch Official: \_\_\_\_\_

Employee Number of Branch Official: \_\_\_\_\_ Signature: \_\_\_\_\_