BMCB BANK ESTD 1995 Multi-State Bank

THE BHUJ MERCANTILE CO-OP. BANK LTD.

H.O. Mithakhali Six Roads, Ahmedabad GJ-380006, www.bhujbank.com Multi-State Bank.

Name of A/c: _____ A/c No. **46300**_____

Address: _____ Date: / /202__

Mob. No. +91-_____ **e-Mail id:** _____@_____

To, The Branch Manager, The Bhuj Mercantile Co-op. Bank Ltd. _____ Branch.

Resp Sir. Subject: Savings/Current/Locker/other Service requirement.

I/we maintain above A/c with your esteemed Bank and need the following ✓ (Ticked) service.

- ☐ Request activation of Dormant/ in-operative A/c. Necessary CKYC documents enclosed.
- ☐ Requesting for Loose Cheque / New Cheque-book as old cheques exhausted.
- ☐ Passbook is not traceable. Please issue Duplicate Passbook.
- ☐ Request for Correction / updation of Address. Necessary CKYC documents enclosed.
- ☐ Banker's Report / Balance Certificate / Signature verification requirement.
- ☐ Request for Addition / Deletion of Joint A/cholder / Locker-holder / Signatory viz._____ and/or Change Mode of operation to _____. Reason:_____. Due CKYC process of addition / deletion is provided for Joint A/c holder in front of Branch Official.
- ☐ Request for Addition / Deletion / updation of Mobile number / email id from old +91-_____ to New +91-_____ and email: _____.
- ☐ Create Standing Instruction (S.I.): Please input Debit S.I. in above A/c to Credit in Recurring Deposit / OD / Loan A/c No. 46300_____ on the ___ day of every month.
- ☐ I/We request you to discontinue the Debit/Credit S.I. / Mandate in above A/c from today.
- ☐ Closure of A/c due to Reason: _____. I/We submit all unused cheques and Disable Rupay Card / Net-banking / Mobile Banking etc. Sign of All Jointholders is provided in front of Branch Official. Please remit surplus Balance (after deducting charges as applicable) vide DD/PO/RTGS as per Cancelled Cheque of other bank enclosed.
- ☐ Please process stop payment of Cheque No. _____dtd _____ for Rs. _____ favoring _____. Request submit at Date: ____/_____/202__ TIME : _____
- ☐ Declaration regarding No Change in KYC of the Customer.
- ☐ Any other Services: _____
- ☐ _____

I / We authorize the bank to debit my / our A/c with the Charges plus Taxes for this service. Further, I / We hereby indemnify the Bank and shall keep the Bank indemnified at all times hereafter from any loss, claim, damage, cost, charge and expenses however caused or arising out of or in connection with the services offered by the Bank.

Signed by All Signatories: _____

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As per Customer Request, we have made a due diligence to verify the requirement which is found valid, the signature/s of the above named person/s are verified and found correct with the bank records by the undersigned, and the request is processed by me on _____/_____/202___.

Name of Branch Head: _____ EDP No:_____ Sign / stamp: _____