Aligned for Long-term Lineup of Initiatives Across Nation for Customer Excellence

CUSTOMER REQUEST FORM

बैंक ऑफ महाराष्ट्र
Bank of Maharashtra
भारत सरकार का उद्यम
एक परिवार एक बैंक

Branch Name Branch Code Date D D M M Y Y Y Y

1st Applicant's Name*:

2nd Applicant's Name*:

Account Number: Mobile No.

A/c Type: SB CA TD RD LN

(Fields marked are mandatory)*

Kindly fill only those boxes where information is to be added or updated. On submission of form always ask for acknowledgement

(Kindly tick the boxes against the request opted for)

ADD/UPDATE PERSONAL DETAILS

☐ 1. Update KYC ID Type: ☐ PAN ☐ Aadhar ☐ Driving License ☐ Passport ☐ Voter ID ☐ NREGA Card

Document number (Attach self-attested copy of document for verification with original)

Place of Issue Issue Date Valid till date:

☐ 2. Address Change : ☐ Permanent ☐ Correspondence ☐ Both (Please leave space between two words/digits)

Address*

City/Village*: District*:

Sub-District: State:*

Country Name* Zip/Post Code* ISO 3166* Country Code

Document Type: ☐ PAN ☐ Aadhar ☐ Driving License ☐ Passport ☐ Voter ID ☐ NREGA Card

(Mandatory for Permanent Address Change)

☐ 3. Add Father/Mother/Spouse name:
(strike out whichever is not applicable)

☐ 4. Please seed/update my Aadhar Number in the account number mentioned above for DBT purpose:

☐ 5. Please delete my Aadhar Data from the account Number mentioned above, my Aadhar No. is

☐ 6. PAN:

☐ 7. Email ID:

☐ 8. Change My Title to:

☐ 9. Change my Name to:
(Relevant document e.g. Govt. Gazette Notification / Marriage Certificate to be attached)

☐ 10. Activate SMS alerts on My Mobile No/Change Mobile No:

OTHER ACCOUNT/CIF MODIFICATIONS

☐ 11. Transfer ☐ Account ☐ CIF ☐ Both To Branch Name Branch Code:

☐ 12. Change mode of operation in above mentioned account to:

Self ☐ Either or Survivor ☐ Former or Survivor ☐ Later or Survivor ☐ Jointly ☐ As per mandate

☐ 13. Request to activate my inoperative/Dormant account (number mentioned above):

☐ Reason for dormancy: .....

☐ 14. Convert my account from Minor to Major as I became Major on.....

15. Change A/c Type to: Salary Package Variant: ☐ Corporate/Defence/Salary /Savings Bank to NRO Savings Bank

☐ Current Account Variant: Regular/Diamond

☐ 16. Change my signature in above mentioned account:

From	OLD SIGNATURE	To	NEW SIGNATURE

☐ 17. I/we request to close above account and pay the balance by: Cash/ Credit to account no.

FIXED DEPOSIT/PPF ACCOUNT RELATED SERVICES

☐ 18. Please change the tenure of my /our Fixed deposit A/c No. to

☐ 19. Reissue Term Deposit advice for A/C number:

☐ 20. Please issue TDS/Interest certificate for Account Number/s:

OTHER ACCOUNT RELATED SERVICES

☐ 21. Passbook required: Yes / No [If No, Request for statement of account through e-mail id.

☐ 22. Request to Issue Duplicate Passbook for the Account Number:

☐ 23. Request to activate Phone Banking/Mobile Banking services in the above-mentioned account.

☐ 24. Standing instruction: Please transfer Rs. to RD/Loan/SB A/c No.

☐ Starting from date D D M M Y Y Y Y Daily/Monthly/End of Month

☐ 25. Setup Auto-sweep facility - Saving Plus Threshold amount: Rs.

Sweep time: **Daily/Weekly/Monthly/Bi-Monthly/Quarterly/Half yearly/Yearly/Fortnightly.**
Under reverse sweep facility the MOD (Multi-option deposit) to be broken by: Last in First Out/First in Last Out

NOMINATION

☐ 26. Nomination to be modified in my account mentioned above: **New/Change/Delete**

(Please fill and attach DA-1 form for new nomination, DA-2 form to delete nomination and DA-3 form to change nomination)

27. Nomination to be modified: [Add/Modify] in the scheme **APY/PMJJBY/PMSBY/PPF**

APY RELATED SERVICES

☐ 28. Request to update the pension amount for APY from Rs. to 1000/2000/3000/4000/5000

I hereby authorize the bank to debit my above mentioned bank account till the age of 60 for making payment under APY as applicable based on my age and the Pension Amounts elected by me.

CHEQUE RELATED SERVICES

☐ 29. Cheque book facility: Please provide cheque book facility in my account number mentioned above.

☐ 30. New personalized cheque book request: Number of leaflets: 10/20/25/50/100

Name on cheque:

Address to be delivered to: **Permanent/Correspondence/New**

☐ 31. Request to stop (number of cheques) Cheque number listed below/attached

Starting from ending at or Cheque number:

Cheque number: Cheque number:

Cheque number: Cheque number:

DEBIT CARD SERVICES

☐ 32. ATM card issuance (Charges will be deducted as applicable): **New/Replace***

Address to be delivered to: Permanent/Correspondence

Request for New Card: ☐ Personalized Card ☐☐ Non Personalized Card, Type of Card: **Rupay / VISA**

Name on card:

- * Reason for replacement – Card lost/Damage/Card Expired

☐ 33. Block / Unblock debit card number:

INTERNET BANKING SERVICES

☐ 34. Activate Internet banking in the above mentioned account.

Reference Number **(for official use only):**

☐ 35. Request to: Reactivate the username/Re-issue login password/Reset the INB profile password Date of Birth: D D M M Y Y Y Y

☐ 36. Internet Banking rights modification: **Full Transaction rights/Limited Transaction rights**

PENSION SERVICES

☐ 37. I wish to submit Life Certificate for PPO no:

☐ 38. Please issue Pension Certificate/Slip for PPO no: for the Month Year

☐ 39. Please issue Form 16 for PPO no:

☐ 40. Pensioners Grievances **(Pension not credited/Life Certificate not updated)**

LOCKER SERVICES

☐ 41. Request for Allotment of Locker: (Size): Small ☐ Medium ☐ Large ☐

☐ 42. Request to add Nomination to Locker number:

(Duly filled in nomination form is to be attached)

☐ 43. Request for Locker Conversion from Single to Joint: **Locker No.**

Name of Joint Holder:

Account no. of Joint Holder:

☐ 44. Request for closure (Surrender) of Locker No: Bearing Key No:

☐ 45. Request for break open of Locker No:

ADDITION/DELETION OF A/C HOLDERS

☐ Add / Delete..... Existing: Yes ☐ No ☐ (if Yes) A/c No.

Relation with A/c holder: .....

Revised Mode of Operation:

☐ Self ☐ Either or Survivor ☐ Former or Survivor ☐ Later or Survivor ☐ Jointly ☐ As per mandate

I have read, understood and agree to the Terms and Conditions of various products and services including SMS alerts, Debit card and Internet Banking. I accept and agree to be bounded by the Terms and Conditions as displayed on https://www.bankofmaharashtra.in. I agree that the bank may debit service charges plus taxes to my account whenever applicable. I wish to seed this account with NPCI mapper to enable me to receive Direct Benefit Transfer (DBT) including LPG Subsidy from Govt of India (GOI) in this account.

Kindly provide the number of Requests submitted (count and enter number of ticks in the checkboxes):*

First account holder's signature	Second account holder's signature	Signature of Branch Official with SS No.

ACKNOWLEDGEMENT

Date of Request Received: ..... Customer Name: .....

Employee Number: ..... Name of Branch Official: ..... Signature: .....

Please note: Your request will be processed within 2 working days. Delivery of kits/cheque book etc. to your address will take between 7-15 working days (depending on delivery location)