

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



(Version-5)

To,
The Branch Manager
CSB Bank Limited.

☐ Domestic / ☐ NR

☐ Individual / ☐ Joint

.....Branch

Customer Name/s (in Block letters):

Client ID / Account Number:

Sub: Request to update my/our PAN/Date of Birth/Mobile No./E-Mail ID/Activation of DBT & to Subscribe for Alerts

Please update my/our Personal details as mentioned below, in the Bank's records. The same may be used for sending any alerts/communication from the bank.

Sl.No.	Particulars	To be furnished by Customer
1.	Mobile Number	
	Country Code (Eg. +91 for India) Number	
2.	E-Mail ID	
3.	SMS / Email Alerts for the accounts related to the above Stated primary client*	☐ Activate ☐ De-activate
4.	Date of Birth (D.O.B) (dd/mm/yyyy)	___ / ___ / ____
5.	Income Tax Permanent Account Number (PAN)	
6.	Direct Benefit Transfer (DBT)**	☐ Activate ☐ De-activate
		Aadhaar No.:

Option for Receiving DBT Benefits (Tick One):

*SMS Alerts chargeable as per Bank's norms, as applicable from time to time

☐ I wish to link my Account No. with NPCI mapper to enable me to receive Direct Benefit Transfer (DBT) including LPG subsidy from Govt. of India (GOI) in my above account. I understand that if more than one Benefit transfer is due to me, I will receive all the benefit transfers in the same account **(for customers who have not so far linked A/c with NPCI Mapper).**

☐ I already have an account with..... (name of Bank) having IIN No..... and seeded with NPCI Mapper for receiving DBT from GOI. **I request you to change my NPCI mapping DBT Benefit A/c to my A/c with your Bank.**

Declaration:

I/We hereby declare that the personal details furnished above are true and correct to the best of my/our knowledge and belief and I/we undertake to inform the Bank of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I/we am/are aware that I/we may be held liable for it.

I submit my Aadhaar number and voluntarily give my consent to:

- ☐ Use my Aadhaar Details and carry out UIDAI authentication.
- ☐ Link the Aadhaar Number to all my existing/new/future accounts and customer profile (CIF) with your bank.
- ☐ Use my Mobile Number mentioned below for sending SMS alerts to me.

I have been explained about the nature of information that may be shared upon authentication. I have been given to understand that my information submitted to the bank herewith shall not be used for any purpose other than mentioned above, or as per requirements of law.

I hereby declare that all the above information voluntarily furnished by me is true, correct and complete.

Yours Sincerely,

Signature:
Name of 1st holder:

Signature:
Name of 2nd holder:

Signature:
Name of 3rd holder:

Note:

- To update Date of Birth, enclose self-attested copy of valid proof with DOB.
- Mobile number/Email ID will be updated in the Client/ Primary client (joint account) and alternate banking channels linked to this client.
- For DBT activation through biometric E-KYC authentication, Aadhaar Biometric validation report and Copy of Aadhaar Card attested by customer and branch official to be submitted.

Certification by Branch Official/ Marketing Officer (for Office Use Only):

**E-KYC (Aadhaar Biometric) Authentication: ☐ Yes ☐ No

If not E-KYC (biometric) authenticated - reason for exception: ☐ Injury ☐ Illness ☐ Infirmary on account of old age or otherwise
☐ Wear down of finger print ☐ Customer insisted, physical verification done

Document Collected: ☐ Aadhaar Offline Verified ☐ Passport ☐ Driving License ☐ Voters' ID ☐ Job card issued by NREGA
☐ Letter issued by the National Population Register

Identity of the applicant(s) verified, Certified copies of the KYC documents verified with originals as per the KYC/AML guidelines. Applicants Signed in my Presence.

Name of Bank Official: _____

Designation: _____ Emp. Code: _____ Date: _____

(Seal & Signature of Bank Official receiving the request)

Acknowledgement (to be issued to the customer by the recipient branch)

Account No.: _____

Services requested:

1. _____ 2. _____
3. _____ 4. _____

Name & Designation of Branch Official/BDE/Marketing Officer _____

Emp. Code: _____



Date :

D	D	M	M	Y	Y	Y	Y
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Signature of Branch Official/BDE/Marketing Officer _____