

CUSTOMER REQUEST FORM FOR INDIVIDUALS ONLY

CHANGES IN ACCOUNT MANAGEMENT AND OPERATION

To be filled in by customer in CAPITAL LETTERS ONLY

To,
The Branch Service Manager

Date:

_____ Branch

I/ We request you to process the following as indicated below with reference to **Account Number*** _____ /
Customer Relationship No. (CRN) _____ Customer's Name (as in the account) _____

Note: Please fill complete details and provide signature in the designated section on this form.

* Indicates a mandatory Field

MANAGING MY ACCOUNT

☐ Update my name as mentioned in the document provided or as mentioned below:

Existing Name: _____

Change to: _____

Reason for Name change _____

- ☐ Type of document attached to support the change in name
☐ Passport ☐ Driving License ☐ PAN ☐ Others (Please specify)

☐ Change the account status from Minor to Major
Please submit a valid ID for the minor now a major and Specify in the attached form the mode of operation of the account after the change in status

OPERATING MY ACCOUNT

- ☐ Change the account operating mandate to:
☐ Singly ☐ Either or Survivor ☐ Former or Survivor ☐ Latter or Survivor ☐ Jointly
☐ Others (Please specify) _____ (Signatures of all holders are required in the attached form)
☐ Convert the account to a joint account with _____ as per details provided in the attached application form
☐ Update my specimen signature(s) on the account to the one provided in the attached form and supporting document
☐ Update a Power of Attorney (POA) for my account
 (POA document to be submitted as per the Bank format)

IMPORTANT POINTS TO NOTE

1. Please sign as per Bank records
2. Joint account holders needs to sign as per the mandate
3. Request will be processed on receipt of complete information and documents
4. RBS Deposit Account Form for Individuals (DAF) to be filled appropriately with this form
5. Any alteration in the form needs to be counter signed
6. Please strike off the portion that is not relevant to your request

This document is subject to the T & Cs governing the Account(s) and policies of the Bank in force, as on date.

SIGNATURE OF CUSTOMER
(CRN) _____

SIGNATURE OF CUSTOMER
(CRN) _____

SIGNATURE OF CUSTOMER
(CRN) _____

For Bank use

Name of the receiver: _____

Employee ID: _____

Received on:

Actioned by:
(Name and sign)

on date:

CARTS Reference No: _____

Documents received and attached: (1) _____ (2) _____
 (3) _____ (4) _____

CRF2_JAN_2015

ACKNOWLEDGEMENT

Date: _____

Received from (Name of A/C holder) _____

Request for _____

Documents received and attached: (1) _____ (2) _____
 (3) _____ (4) _____

Signature of receiving officer _____

Name _____

Account number _____

Ref no. (if applicable) _____

(2) _____

(4) _____

RBS branch _____

24x7 BANK BY PHONE

Location	Number	Location	Number
Bengaluru	(080) 4124 5555	Mumbai	(022) 6627 1111
Chennai	(044) 2821 5151	New Delhi	(0124) 411 1111
Gurgaon	(0124) 411 1111	NOIDA	(0124) 411 1111
Hyderabad	(040) 6666 1234	Pune	(020) 6642 1111
Kolkata	(033) 4434 1111	Vadodara	(0265) 661 9999
Toll Free: 1800112224			