CONTACT DETAILS MODIFICATION FORM

(Only for KYC complied Accounts)



						DMS Token No:										
I/W	I / We hereby request you to change the following details with respect to my account held at your branch															
[1									\neg			
Customer ID				Account	No			<u> </u>		1			<u> </u>			
Customer Name																
Tick Whiche ver is applicab le	Details to be modified		Existing Deta	kisting Details			New Details									
	MOBILE NUMBER															
	EMAIL ID															
	RESIDENTIA LANDLINE NO															
	OFFICE LANDLINE NO															
	COMMUNIO ATION ADDRESS	City/District State Country PIN code				City/E State Count										
	ereby decla	etails to be modifie are that the inform	ation furnishe	ed above is co												
														<u> </u>		

FOR BRANCH USE ONLY

I hereby certify that,

- a) The customer ID is KYC complied.
- b) HCUMM in Finacle & DLBR69 in CBS reports have been checked & all details are seen updated.
- c) Request is complete in all respect.
- d) Verified mode of operation and signatures of the account.
- e) Communication address is/will be positively confirmed in accordance with IRMD circular :IRMD/4179/AML / 118/ 2014 (applicable only if customer does not have local address proof and requests for communication address change)

Clerk Asst. Manager Manager/Senior Manager/Chief Manager
PF No: PF No: PF No:
Signing Power No: Signing Power No: