

FOR BRANCH USE: Branch Code: _____

Receipt Date: ___/___/___ Action Taken on: ___/___/___

Signature _____



Request for services required in NRE/NRO account

NRI-4.1

Account No: _____ Account Holder's Name: _____ Branch Name / Code: _____

General Rule: Please tick the appropriate box (es), wherever applicable and give the information in the space provided.

<input type="checkbox"/>	Issuance of new ATM Card *	Reason: <input type="checkbox"/> New <input type="checkbox"/> Add-on <input type="checkbox"/> Lost <input type="checkbox"/> Stolen									
	<table border="1"><thead><tr><th>Applicant</th><th>Card Type</th><th>Name as would appear on the Card</th></tr></thead><tbody><tr><td>1st</td><td><input type="checkbox"/> Domestic <input type="checkbox"/> International _____</td><td></td></tr><tr><td>2nd</td><td><input type="checkbox"/> Domestic <input type="checkbox"/> International _____</td><td></td></tr></tbody></table>	Applicant	Card Type	Name as would appear on the Card	1 st	<input type="checkbox"/> Domestic <input type="checkbox"/> International _____		2 nd	<input type="checkbox"/> Domestic <input type="checkbox"/> International _____		
Applicant	Card Type	Name as would appear on the Card									
1 st	<input type="checkbox"/> Domestic <input type="checkbox"/> International _____										
2 nd	<input type="checkbox"/> Domestic <input type="checkbox"/> International _____										

(*Please note: International card will not be issued for NRO accounts)

<input type="checkbox"/>	Blocking of ATM Card	Card No: _____ Reason: <input type="checkbox"/> Lost <input type="checkbox"/> Stolen
<input type="checkbox"/>	Issue new ATM PIN	Card No: _____
<input type="checkbox"/>	Issuance of duplicate Passbook	Reason: <input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Other _____
<input type="checkbox"/>	Issuance of Cheque Book	Number of leafs required (25 / 50): _____
<input type="checkbox"/>	Stop Cheque payment issued	In favor of: _____ No: _____ Dated: ___/___/___
<input type="checkbox"/>	Activate SMS Alerts facility on	Mobile Number: _____
<input type="checkbox"/>	Activate standing instruction	Beneficiary Name: _____ Frequency: _____
	Amount to be transferred: ₹ _____	Beneficiary A/c No: _____ IFSC: _____
	Purpose: _____	Start Date: ___/___/___ End Date: ___/___/___
<input type="checkbox"/>	Closure of account	Reason: _____
	Pay balance amount in: <input type="checkbox"/> Cash <input type="checkbox"/> Demand Draft <input type="checkbox"/> Transfer to a/c no _____	
<input type="checkbox"/>	Transfer of account & CIF #	CIF: _____ Reason: _____
	Transfer to Branch Name & Code: _____	

(*Please enclose attested copy of your new address proof)

Declaration: I / We have understood and agree to abide by the terms & conditions relating to services and corresponding regulations of RBI / FEMA 1999 or any other act in force requested by me/us, as may be in force from time to time. Please debit my/our account for the service related charges.

_____ Date

_____ Place

_____ Signature of 1st applicant

_____ Signature of 2nd applicant

Customer Acknowledgement Copy (To be returned to the customer, if submitting it in the person)

A/c No: _____ A/c Holder Name: _____

Type of request: Services required

Date of receipt: ___/___/___

_____ Signature of authorised official

Branch Seal & Stamp