Service Request Form

Please complete all fields of this Form in CAPITAL LETTERS and countersign any corrections \prime overwriting on the form. Please strike out all blank sections in the form prior to submission.



Branch Name :	Branch/SOL id :		Date	e: D D	MN	Y	YY	Υ						
Customer Type : Resident Individual Non-Resident Individual														
*CIF ID	OR *Account No.:													
Name PREFIX First							П							
(As per bank record) Middle							Ħ							
Last							П							
ACCOUNT CONVERSION														
I/We hereby request you to convert my existin	g savings account number to (Tick	the applicable bx b	elow)											
Savings Plus account	Treasures Savings Account		Savings	Power Plu	us accoi	unt								
NRI Treasures Basic Savings Bank Deposit account Others														
Reason for account conversion														
I/We agree & understand that once my/our actime. I/We am/are aware that the updated ter			-		_			's web	osite a	and as	amer	ided fi	rom tii	me to
I/We further agree to abide by the terms	and conditions governing the ac							nt in	cludir	ng Do	mestic	Debi	t Card	d and
International Debit Card facility, as available o STATEMENTS / CERTIFICATES	n the Bank's website.													
Statement of Account / Duplicate Statem	nent required from Date : D D	MMYYY	Y To Da	ate : D	D M	М Ү	Υ	YY	(V	Vill be o	:harged	d as app	plicable)
Consolidated statement of Account : Fro		Y Y To Date	~	и м х	YY	Υ		!	_					
(Applicable for all your account) Transaction Advise : Debit	Credit													
Date	Amount		Ch	eque No.	/Ref N					Miso	Deta	ails		
1) D D M M Y Y Y Y					T									
1, 5 5 M M 1 1 1 1 1														
2) D D M M Y Y Y														
3) D D M M Y Y Y														
4) D D M M Y Y Y														
TDS Certificate for Financial Year :	Y Y Y Y - Y Y	Quarter : Q	1 (Apr-Jun)		Q2 (Ju	l-Sep)		C)3 (Od	:t-Dec)		Q	4 (Jan	-Mar)
Interest Certificate for Financial Year :	Y Y Y Y - Y Y													
Balance Confirmation Certificate as on :	D D M M Y Y Y													
Duplicate advice of Fixed Deposit / Recur	ring Deposit no.:													
1)		2)						Τ	П					
3)		4)												
DELIVERABLES					_					·				
Issuance of Passbook Char	geable SMS alerts required	Email stateme	ent											
Welcome Kit Not Received :														
Cheque Book request :														
I request cheque book to be delivered at	my Communication address	or Branch ad	dress:											
		0.4												Q
														······································
		×												
		OWLEDGEM							te :	D D		M Y	YY	/ Y
*Customer Name :							LAS						Y	/ Y
		OWLEDGEM					LAS						Y	/ Y

SBA_SRF/002/NOV 24

	sued a cheque no. dated for		M Y Y Y Y Y For Amount
			Please stop payment of the
	ACTIVATION	anneath of all account healthan)	
*Mobile nu	ate my account. (Kindly attach KYC do mber: Country Code	cument of all account holders)	
	not operating the Account		
ACCOUNT	TRANSFER		
From Brancl	າ	To Branch	OR From Sol ID To Sol ID
Reason for	Transfer of Account		
DEBIT CA	RD		
Debit card /	Pin :		
Debit card I	Hot listing:		
Issue Debit	Card Duplicate Pin :		
ATM/Debit	Card to be issued to RESIDENT	T NRO NRE	
Reason for i	ssue New Card Lo	ost card Damaged card	Others
Name on ca	rd		(Name on Debit card not to exceed 20 characters including blank spaces)
Mode of Op. 1. Customer ID: Signature:	peration (MOP) updation Joint	Category type to be change Mode of operation to be ch	n for Customer ID creation along with KYC documents) ed:
		Relation with primary applic	cant:
		Name: (Please fill the CPF form	n for Customer ID creation along with KYC documents)
2. Customer ID:			3
2. Customer ID:		Category type to be change	ed:
2. Customer ID: Signature:			ed:anged:
		Mode of operation to be ch	
	ests	Mode of operation to be ch	nanged:
Signature: Other reque		Mode of operation to be ch Relation with primary applic	nanged:
Signature: Other reque Type of requ	uest :	Mode of operation to be ch Relation with primary applic	nanged:
Signature: Other reque Type of requ Type of Doc	uest :	Mode of operation to be ch Relation with primary applic	nanged:
Signature: Other reque Type of requ Type of Doc	uest : uments submitted for : Number : ping -	Mode of operation to be ch Relation with primary applic	nanged:



Customer Care (24x7): India Helpline (Toll number) : 1860 267 1234 International Helpline : +91 44 6685 4555 From Singapore (only) : 800 852 6186

Email: customercareindia@dbs.com | Visit us at: www.dbsbank.in

Form 15G/H	•	H for the Term Deposits held in DBS Bar	k India Limited, India and request y	ou to please have the tax exemption updated
	ed Form 15G (individuals of age < 6 the above forms in duplicate.	0 Yrs) Form 15H (individuals of age	60 yrs of more)	
Reversal of c	·			
Date of Deb	it: DDMMYYYYA	mount of Debit :		
	ake to keep henceforth a Minimum Amo knowledge that all other applicable char		en communicated to me and I/We	rase of Average Balance Non-Maintenance Charges only) will abide by the same.
Consent for Mark	eting Offers : Yes No			
etc.), fax, email an Bank affiliates, ser processing and use	d/or post. I/We, further authorise DBS Ba vice providers, and other persons as DBS E	nk India Limited to exchange or share an Bank India Limited may deem necessary fo s, or furnishing of such processed data/in	or all my/our data and information r the purpose of marketing and cros:	messaging (including SMS or MMS or WhatsApp, provided herein including personal data with DBS s-selling of various products and services to me/us, pe required, and I/We shall not hold DBS Bank India
Dispute/Fraud	transaction reporting			
,	ss card liability/Fraud on card number			
Fraud on account			details given below:	
Nature of Loss:	Lost Card Stolen Card	Fraud Others	(Please S	specify)
Type of Fraud:	ATM POS	Online	(If also discuss set of)	
Date of reporting Transaction details			(If already reported)	
Date	Merchant / ATM ID	Amount (₹)	Transa	ction Reference Number
Note: Please attac	L h A) copy of statement for the above tra	l nsactions, B) FIR copy, C) claim form		
IDENTITY DOCU	JMENTS			
ID proof submitted	d along with the form : Passport	Driving Voter's ID	NREGA UID (Aad	dhar) Others(please specify)
TERMS AND CO	ONDITIONS	License Card	Job Card	(рісазе эреспу)
card and international lim	its as available on the Bank's website and as amended from	n time to time. I/We am/are aware that the updated terms	and conditions & the tariff schedule are available or	ons and the revised charges/tariff applicable to the new account, debi nwww.dbs.com/in for future references. I/We further agree to abide b the new debit card that will be issued to me will have the same name a
my previous Debit card an	d will be linked to my new account. In case there are any c o me. Not applicable for NRO Accounts -NRO Debit card v	hanges to the same, I/We will sign a separate Debit card f	orm. I/We understand that my/our existing debit ca	rd/s, if any, will be hot listed within 30 days from the date on which then. The nomination on debit card, where applicable, will be as per th
Transaction dispute: The have been made with insu	e request was completed for authorizing the Bank to take	are provided below pertains to myself and would irrevoca	bly and unconditionally undertake to indemnify D	ny information related to dispute/fraud claim and no such similar clain BS Bank India Limited, ("Bank") and save it harmless against all costs match
Marketing offers: At DB marketing materials and i	S Bank India Limited we always strive to serve you better. On formation from us via, mobile messaging or telephone of	One of our ways is to ensure that you are kept up to date v calls, you will receive, mobile messages or calls from us o	ith our latest promotions, as well as any products 8 nly if your number is not on the National Do-Not-C	s services that may be suited to your needs. If you have opted to receiv Call Register. Notwithstanding anything written herein above you ma DBS Bank India Limited in writing or verbally. b) Calls made to verify th
details furnished by you u banking passwords / chan	nder any application to DBS Bank India Limited. c) Calls m ge in static data.	ade to conduct credit checks or card misuse related chec	s in the event of any irregular transaction being ob	served. d)Calls made to abide by the regulations including for Interne erms & Conditions relating to various services offered by the Bank. I an
aware of charges applicat Account towards any appl	ole for various services offered and I accept and agree to be licable charges for any / various service / services provided a	e bound by the said Terms & Conditions. The terms and c as applicable from time to time. IWe hereby confirm and	onditions for these services are available on the Bar leclare that the data and information provided here	nk's website www.dbs.com/in. I further authorize the Bank to debit m ein is true, correct, complete and up to date in all aspects and I/We hav on or closure and further action. I have read and understood the term
and conditions and agree responsible for any loss th	to keep the Bank indemnified against all liabilities, claims, p	proceedings, actions, and damages in relation to or arising fress / mailing address furnished by me / us and non-delive	out of the Bank accepting my/our request and trar ry/delays of all correspondence/alerts due to any	nsmitting information through electronic means. Bank shall not be hele other technical reasons. Deliverables if any, will be sent to the mailing
1	st Applicant Signature	2nd Applicant Sign	ature	3rd Applicant Signature
CIF ID		CIF ID	CIF ID	
Name:		Name:	Name:	
		FOR BANK U		
Certified that this Please process th				
Branch Checklis	s Request Form is complete in all respect is request.	s, all relevant documents have been che	SE	Date: D D M M Y Y Y Y
		s, all relevant documents have been che	cked and obtained.	Date: D D M M Y Y Y Y Manager / Staff Mail-Courier
ID proof submit	is request.		cked and obtained.	Manager / Staff Mail-Courier
ID proof submit	is request. st : Request received through: tted along with the from:	Walk-in: Self	cked and obtained. Bearer Relationship	Manager / Staff Mail-Courier
Attending Offic	is request. st : Request received through: tted along with the from:	Walk-in: Self PAN Passport	cked and obtained. Bearer Relationship Driving License Aadl	Manager / Staff Mail-Courier Others (Please specify)
Attending Office Call back done	is request. st : Request received through: tted along with the from:	Walk-in: Self PAN Passport Name Country Contact No	cked and obtained. Bearer Relationship Driving License Aadl	Manager / Staff Mail-Courier Others (Please specify) Employee ID Date & Time :