

Cheque stop payment request :
 I have lost the cheque book containing leaves from [] to []
 I have issued a cheque no. dated for [] dated [D D M M Y Y Y Y] for Amount _____
favouring _____ Please stop payment of the cheque.
Reason for Stop Payment : _____

ACCOUNT ACTIVATION

Please activate my account. (Kindly attach KYC document of all account holders)
*Mobile number: [Country Code] []
OVD document submitted: _____
Reason for not operating the Account _____

ACCOUNT TRANSFER

From Branch _____ To Branch _____ OR From Sol ID [] To Sol ID []
Reason for Transfer of Account _____

DEBIT CARD

Debit card / Pin :
Debit card Hot listing : [] [] [] [] [] [] [] [] [] []
Issue Debit Card Duplicate Pin : [] [] [] [] [] [] [] [] [] []
 ATM/Debit Card to be issued to [] RESIDENT [] NRO [] NRE
Reason for issue [] New Card [] Lost card [] Damaged card [] Others _____
Name on card [] (Name on Debit card not to exceed 20 characters including blank spaces)

OTHERS

Link Aadhaar to above Account Number. Current Linked Bank (if any): _____ Delink Aadhaar from above Account number
 I desire to receive Direct Benefit Transfer (DBT) subsidies in my saving bank account directly and authorize DBS to use my Aadhaar data for linking my account.
I shall provide required details to DBS to link this account with Aadhaar, replacing the account (if any) linked earlier. (Please ensure seeding is done before DBT request)

Mode of Operation (MOP) updation [] Joint to single account [] Single to joint account [] Addition of applicant [] Deletion of applicant

1. Customer ID: [] Name: _____
(Please fill the CPF form for Customer ID creation along with KYC documents)
Signature: [] Category type to be changed: _____
Mode of operation to be changed: _____
Relation with primary applicant: _____

2. Customer ID: [] Name: _____
(Please fill the CPF form for Customer ID creation along with KYC documents)
Signature: [] Category type to be changed: _____
Mode of operation to be changed: _____
Relation with primary applicant: _____

Other requests
Type of request : _____
Type of Documents submitted for : _____
Document Number : _____

Family mapping - Primary member - CIF [] Account No. []

Name of the primary applicant _____
Primary applicant Signature
[]



Customer Care (24x7): **India Helpline (Toll number)** : 1860 267 1234
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