

THE NILGIRIS DISTRICT CENTRAL COOPERATIVE BANK LTD

CUSTOMER REQUEST LETTER [For Savings & Current A/c (Proprietorship) customers only) From: To: The Branch Manager BRANCH Dear Sir/Madam, I/We request you to provide me the service/s ticked in the box below. You can debit charges as applicable to my account. My A/c No. Phone/Mobile No. E-mail Id. Please tick \square in the appropriate box. 1. ☐ CHEQUE/DD STOP PAYMENT REQUEST: payment of the same and issue new cheque book. b. \square I/We have issued a cheque no. _____ dated ____ for ____. Please stop payment of the cheque. c.
For Cancellation of DD/BC: Please cancel the DD/BC No._____ _ issued on ___/_ ____ as it no longer needed by me. Debit charges if any and pay me the remaining amount in Cash or by Transfer to A/C No._ d.

For Issue of Cheque Book: Please issue 20/50/100/1000-leaf ORDER/BEARER Cheque book for my/our SB/CA/CC & debit charges (if any) from my/our account. 3.

DEPOSIT OF CASH/CLEARING CHEQUE/OUTSTATION CHEQUE/TRANSFER OF FUNDS a.

I/We have deposited the Cheque No._____ Amount ____ Drawee Bank and Branch - Credit not received in my/our account. Please verify and credit. - Returned cheque not received. Please verify and return the cheque. ____ remitted on _____ (date) through RTGS/NEFT not credited b. An amount of _ to beneficiary's account. Please verify. remitted on ______ (date)through RTGS/NEFT by c. An amount of _ _ bank/branch for credit of my/our a/c.no. __ credited. Please verify and credit. d. Details of transaction required -_____ Amount ___ _____Payee/Charges __ Debit: Date _____ Amount _____ _____ (cash/transfer entry) Credit: Date ___ ____ Wrongly debited. Please verify. __ Date _____ e. Charges - Amount ___ Nature of Transaction: ___ ___Date __ Beneficiary Name _____ _____ A/c No. ____ 4.
☐ PASS BOOK/STATEMENT: a.

Pass Book – I/We have not received Passbook for new account. Please issue pass book. b. Duplicate Pass Book - I/We have lost the pass book. Please issue duplicate pass book with entries _____ to ____ _____ from _____ to __ (charges applicable) **5.** □ STANDING INSTRUCTION: a.
For standing Instruction: Please transfer Rs. (per month) starting on ___/__/__ from my/our SB/CA/OD/CC AC to RD/PPF/OD/SB/CA/CC/LOCKER/Loan AC _ & debit charges (if any) from my account. b. Following standing instructions not executed: _____ Amount: _____ Periodicity: __ Instruction date: From: A/c No.____ ____ of ___ _____ debit charges (if any) from To : A/c No.__ my account. 6. MOBILE BANKING (strike out which is not applicable). a.

Activate Mobile Banking for my account.

7. CHANGE OF ADDRESS:		
	sidence/office) in your records. I/We am/are enclosing praddress is	
E-mail Id PIN Tel No.	address is Mobile No	
8. DEBIT CARD (strike out which is not appl		
a. ☐ Please issue ATM Card on my/our Account	·	
b. ☐ Lost Card – My Debit is lost. The 16 digit C	Card No. is Please Hot(Charges Applicable).	List
c. 🗆 Lost ATM Pin		
d. Card expired. New Card.		
	nsed – ATM ID Transaction Date:	
9. ☐ FIXED DEPOSIT/RECURRING DEPOSITS:		
Account Number	Date of Deposits:	
 c. Rate of Interest not correctly applied./Pred. Periodical FD interest not credited to accore. Nomination not registered/new nomination. Request Duplicate receipt (Conditions Applications) 	ount/pay order not received. on/not cancelled/variation as requested not effected.	
10. ☐ TAX DEDUCTED AT SOURCE:		
a. TDS Certificate Request for the FY		
b. Interest Certificate request for the FY TDS Certificate request for the FY		
c. TDS Certificate request for the FY		
d. Form 15H/15G submitted at branch on _		
e. Mismatch in Tax deducted and Tax remitt	·	
11. ACCOUNT MODIFICATION: (Please attach re Change Name:	•	
c. Status of account not changed from Minor d. Mode of Operation wrongly mentioned from e. For Change of Mobile No: Please of No. (Existing Number f. For SMS Alert: Please Provide/Stor No: SM	of Date of Birth submitted on In to Major. In the one mentioned in the a/c opening from. In the one mentioned in the a/c opening from. In the one mentioned in the a/c opening from. In the one mentioned in the a/c opening from. In the opening from Model of the open	bile /All
12. OTHERS (Please specify):		
Date: I Accept all the Terms and Conditions in www	SIGNATURE OF THE CUSTOMEF w.nilgirisccb.in	
For Branch Use: Please affix D	ate Seal with time here	
The above details filled for mobile banking is verify	and permitted for the activation	
We confirm that all the request of the Customer/s are addressed	Verified	
Signature of the attending Assistant/ Asst. Manager	Signature of Branch-in-charge/ Asst. Manager/manager	
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