



**Permanent residential / overseas address:**

Landmark																																																			City																																																	
PIN code											State																																																																																									
Country											ISO 3166 Country Code:	<input type="checkbox"/> IN-India	<input type="checkbox"/> Others																																																																																							

**Office address (India / Overseas):**

Landmark																																																			City																																																	
PIN code											State																																																																																									
Country											ISO 3166 Country Code:	<input type="checkbox"/> IN-India	<input type="checkbox"/> Others																																																																																							
Mailing address :	<input type="checkbox"/> Current residence address	<input type="checkbox"/> Permanent residential address	<input type="checkbox"/> Office address																																																																																																	

ID proof submitted along with the from :  PAN  Passport  Driving License  Aadhar  Others (please specify) \_\_\_\_\_

Note:

1. Please submit self-attested photocopy of KYC proofs (whenever required) as per RBI guidelines applicable from time to time.
2. I confirm that the above mentioned information with respect to my bank accounts held with your bank is true & correct. I am aware of charges applicable for various services offered and I accept and agree to be bound by the said Terms & Conditions.
3. I am aware of charges applicable for various services offered and I accept and agree to be bound by the below mentioned Terms & Conditions.
4. I understand changes requested would be effected in the Bank's records by the Bank within the committed period from the date of receipt at the Branch and the said changes would be effective in the systems from that date only.
5. Deliverables, if any, will be sent to the mailing / communication address as per the latest records available with the Bank.

Terms & Conditions:

I confirm having read and understood the terms and conditions governing accounts and respective services linked to my Account and hereby agree to be bound by the terms and conditions and amendments governing the accounts or changes thereof and further amendments made by the Bank from time to time. The copy of terms and conditions is available on the Bank's website [www.dbsbank.com/in](http://www.dbsbank.com/in) and is also available at the Bank's branch. I have read and understood the terms and conditions and agree to keep the Bank indemnified against all liabilities, claims, proceedings, actions and damages in relation to or arising out of the Bank accepting my / our request and transmitting information through electronic means. Bank shall not be held responsible for any loss that I may suffer due to incorrect mobile number / email address / mailing address furnished by me / us and non delivery / delays of all correspondence / alerts due to any other technical reasons.

Signature  
(as per bank records)

**FOR BANK USE**

Certified that this Request Form is complete in all respects, all relevant documents have been checked and obtained. Please process this request. Date:

Branch Checklist : Request received through:	<input type="checkbox"/> Walk-in : <input type="checkbox"/> Self <input type="checkbox"/> Bearer <input type="checkbox"/> Relationship Manager/Staff <input type="checkbox"/> Mail-Courier
ID proof submitted along with the from:	<input type="checkbox"/> PAN <input type="checkbox"/> Passport <input type="checkbox"/> Driving License <input type="checkbox"/> Aadhar <input type="checkbox"/> Others (please specify) _____
Attending Officer's:	Name _____ Signature _____ Employee ID _____
Call back done on contact number:	Country Code : <input type="text"/> <input type="text"/> <input type="text"/> Contact Number : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Date & Time : _____
Call back done by officer's Name & Signature:	Name _____ Signature _____ Employee ID _____
Customer Signature verified by:	Name _____ Signature _____ Employee ID _____