FINGROWTH
CO-OPERATIVE BANK LTD.
(Multi-State Bank)

CUSTOMER REQUEST FORM

Please strike off the fields which are not applicable

The Branch Manager
Fingrowth Co-operative Bank Ltd.

Branch _____ Date of Request : D D M M Y Y Y Y

Customer Name:

Customer Id:

Account Number

1. Mobile Number Update
2. Email ID (In case E-Statements are activated, physical statements will be disabled) Mandatory for E-Channels
3. Register me for (Chargeable Service) ☐ SMS (Transaction Alerts, Account Balance Requests)
4. Register me for (Free Service) E-Channels ☐ Net Banking/epass book ☐ E-Statement ☐ Mobile Banking
5. Permanent Account Number (PAN) details:
6. Aadhar Number
7. Link my Aadhar with Gas Subsidy : Yes / No
8. Landline Number Update (Res.)
   Landine Number Update (Off.)

9. Change Of Mailing Address (In case of joint holders, each holder needs to fill a saparate form)

New Mailing Address (Please leave space between two words)

Landmark*: State*:

City*: Pin Code*.

Document For Proof Of Address (Mandatory for Change in Mailing Address): _____

Document Identification Number:

Issuing Authority:_____ Signature Of Customer : _____

FOR BRANCH OFFICE USE ONLY

Request Received Date: D D M M Y Y Y Y

Date Of Updation D D M M Y Y Y Y

Certified that his Request Letter is Complete in all respects & all relevant documents have been obtained Verified mode of operation and signatures of the a/c. The request may please be processed.

Request Update By_____ Autorised By_____

Signature:_____ Signature: _____

ACKNOWLEDGEMENT TO CUSTOMER

Customer ID:

Date of Request Received: D D M M Y Y Y Y A/c Number :

Name of Branch_____

Employee Name of Branch Official:_____ Signature: _____