

## Common Request Form

(Kindly fill the form in Capital Letters only)

Siebel Request No.                     

**For Bank Use:**
**Customer Account Type:**

☐ Wealth
 ☐ Privy
 ☐ Resident Individual
 ☐ Non Individual
 ☐ Non Resident Individual

 CRN                 

 Corporate CRN                 

 Date DDMMYYYY
☐ CASA
 Account Number                               

I/We

Mr./ Ms.	FIRST NAME	MIDDLE NAME	LAST NAME
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Mr./ Ms.	FIRST NAME	MIDDLE NAME	LAST NAME
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request you to process the requests as per the details provided below.

**1. Account Related**
☐ Cheque Book Issuance
 ☐ At-Par
 Number of Cheque books     
☐ Statement for the period DDMMYYYY to DDMMYYYY
☐ Physical statement
 ☐ E-mail statement

☐ Passbook Related Requests
 ☐ Register & Issue Passbook
 ☐ Duplicate Passbook Issuance
 ☐ Cancel the Passbook Issuance

☐ Cheque book not received request placed through requisition slip/Call Centre/Internet Banking/ATM Dropbox on \_\_\_ / \_\_\_ / \_\_\_

☐ Bankers Verification
 ☐ Signature
 ☐ Photo
 ☐ Address
 Purpose \_\_\_\_\_

☐ Cancellation/Revalidation of Demand Draft / Banker's Cheque Drawn on \_\_\_\_\_ DD/BC No \_\_\_\_\_

(Please enclose original demand draft/banker's cheque) Dated \_\_\_\_\_ Amount \_\_\_\_\_ Favours \_\_\_\_\_

**2. Certificate/Report Related**
☐ Interest Certificate
 ☐ TD
 ☐ CASA
 For the period \_\_\_\_\_

☐ Balance Certificate
 ☐ TD
 ☐ CASA
 ☐ Both
 For the period \_\_\_\_\_

☐ Confidential Report
 ☐ Paid Cheque Report
 ☐ Credit Confirmation
 For the period \_\_\_\_\_ Purpose \_\_\_\_\_

**3. Stop Payment**
☐ Stop Payment
 Stop Payment for Cheque No. from \_\_\_\_\_ to \_\_\_\_\_

Value of Cheque	Date of Cheque	Payee Name
_____	_____	_____
_____	_____	_____
_____	_____	_____

Reason for Stop Payment \_\_\_\_\_

#### 4. Account Transaction Related

☐ **Erroneous credit / debit in account:**

Cheque No. \_\_\_\_\_ Date \_\_\_\_\_ Amount \_\_\_\_\_  
Drawn on \_\_\_\_\_

☐ **Details of Debit / Credit:**

Date of Txn \_\_\_\_\_ Amount \_\_\_\_\_

☐ **Payee details required:**

Cheque No. \_\_\_\_\_ Date \_\_\_\_\_ Amount \_\_\_\_\_

☐ **Returned cheque not received:**

Cheque No. \_\_\_\_\_ Date \_\_\_\_\_ Amount \_\_\_\_\_  
Drawn on \_\_\_\_\_ deposited at \_\_\_\_\_

☐ **Any Other Request** \_\_\_\_\_

Signature(s)

1st Account Holder In case of Non-Individuals, please affix Company Seal	2nd Account Holder In case of Non-Individuals, please affix Company Seal	3rd Account Holder In case of Non-Individuals, please affix Company Seal	4th Account Holder In case of Non-Individuals, please affix Company Seal
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(For Individuals - at Account level changes, all the account holders need to sign whereas at CRN level changes, respective CRN holder has to sign. For Non-Individual, signatures as per MOP required.)

**Important:**

- Requests will be processed subject to fulfillment of all requirements and information being complete.
- Terms and conditions and rules for services apply
- Service charges, if any, will be as per bank's schedule of charges
- Please place a separate request if there is a change in correspondence address along with new address proof.

**For Bank Use only**

Date of Acceptance 

D	D	M	M	Y	Y	Y	Y
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Sol ID 

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Signature verified by

Sign & Emp Code

Receiver's stamp

Documents sent to CPC / RPC on

D	D	M	M	Y	Y	Y	Y
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Authorized by

#### Acknowledgement Slip

We acknowledge the receipt of Customer Request / Complaint instruction from Mr. /Mrs. / Ms. \_\_\_\_\_

relating to customer relationship number \_\_\_\_\_ under service request number \_\_\_\_\_

Date: \_\_\_\_\_

Bank Official (Sign and stamp)  
For **Kotak Mahindra Bank Ltd.**, \_\_\_\_\_