IndusInd Bank

CUSTOMER REQUEST FORM

A/c No.:		CIF ID:			Da	te: D D M M Y Y Y Y
Name:						
Updation will be done for all accounts linked to customer ID (wherever applicable) Yes						
Request No. Please tick relevant request						
1.	Debit Card:	Debit Card: Card No.				
		PIN Issuance			rd Hotlisting	
		New Card Issuar	ICE Card Ty		rd Upgrade	
2.	Cheque Book:	Cheque Book Qty. (Each Cheque Book has 25 leaves)				
3.	Internet Banking:	Registration Password Reset Activate/ Unlock User ID				Activate/ Unlock User ID
4.	Update Mobile No.:					
5.	Alerts:	Do you wish to receive account balance alerts on your updated mobile number Yes No				
		Account Balance Alerts: Daily Weekly Monthly (Charges applicable)				
	Transaction Alerts:Debit Transaction Value:> 0> 500> 1000> 5000					
		Debit Transaction Va Credit Transaction V				> 1000 > 5000 > 1000 > 5000
6.	E-mail ID:	E-mail ID provided will be up	dated to receive e-s	tatement. In case e-stat	ement is activated, phys	ical statement will be deactivated.
	Register for E-statement:	Yes No	C			
7.	Duplicate Statement (Charges applicable):	From DDMMYYYYY to DDMMYYYYY				
8.	Update PAN:					
9.	Update Communication					
	Address:			City:		
		Landmark:				
	Address proof to be submitted	State:				PIN:
10.	Address proof to be submitted. Bill Pay Registration *Mandatory					
10.	Riller Short Name*					AutoPay
	Electricity	to 6 Characters)	identifier 1	Identifier 2 Cycle No.	Identifier 3 Billing Unit No.	Entire Bill 🖌 Pay Limit (₹) ₹
	Telephone		elephone No.	Customer A/c No.	Billing Unit No.	₹
	Mobile		Account No.	Mobile No.	Customer Name	₹
DECLARATION						
I have read all Terms and Conditions applicable and understood the Schedule of Charges (SOC) at (In case of Current Account (In case of Current Account (In case of Current Account)						
www.indusind.com						
Customer Signature/ Authorised Signatory Customer Signature/ Authorised Signatory						
FOR BANK USE ONLY						
Employee Name:						
Request No. ECN Stamp & Signature						
Branch Seal						
CUSTOMER ACKNOWLEDGEMENT						
Employee Name:						
Request No.						ECN Stamp & Signature
Branch Seal						