

CUSTOMER REQUEST FORM

(Only for KYC Complied Accounts)

FEDERAL BANK

YOUR PERFECT BANKING PARTNER

From Name: Junaid Ahamed Mohamed IqbalAccount No: 99982105629282

To

The Manager Perambur.
Br.Cust ID: 129874953

Dear Sir,

Kindly execute the following request/s which are selected below

(Please tick whichever is applicable)

CONTACT DETAILS MODIFICATION REQUESTS

<input checked="" type="checkbox"/> Mobile Number	<u>7965 5575 6797</u>	<input checked="" type="checkbox"/> E-mail ID	<u>junaid2605@gmail.com</u>
<input type="checkbox"/> Communication Address			
City/District		State	
Country		Pin	

(Please tick whichever is applicable)

GENERAL MODIFICATION REQUESTS

1. Account Sol Change: Kindly transfer my account to the Branch:..... (Sol ID :.....) Reason for transferring the account:	<input type="checkbox"/>
2. Cheque Book Request: Number of leaves required <input type="checkbox"/> 10 <input type="checkbox"/> 20 <input type="checkbox"/> 50 Point of delivery <input type="checkbox"/> Branch <input type="checkbox"/> Communication address	<input type="checkbox"/>
3. Account statement/Interest Certificate: Date From <input type="text"/> Date To <input type="text"/>	<input type="checkbox"/>
4. Issue duplicate passbook	<input type="checkbox"/>
5. Block / Hot Mark Debit card Number <input type="text"/>	<input type="checkbox"/>
6. Activation of SMS Alert/Email alert: <input type="checkbox"/> SMS Alert <input type="checkbox"/> Email Alert I/We request you to enable SMS alert facility/Email alert facility in my/our account	<input type="checkbox"/>
7. Change Account Scheme: Convert my account from <input type="text"/> to <input type="text"/>	<input type="checkbox"/>
8. Change of Name: Kindly change my name as Mr./Mrs. (Proof Enclosed)	<input type="checkbox"/>

Declaration:

I have read, understood the terms and conditions to various products and services. I accept and agree to be bounded by the Terms and Conditions as displayed in your website. I agree that the Bank may debit service charges plus taxes to my account wherever applicable. I hereby declare that the above details are correct.

Date: 10/11/2020
Place: Kuwait

Total number of requests	
Signature of applicant	Signature of joint holder(s)

FOR BRANCH USE ONLY

Certified that this request form is complete in all respects & all the relevant documents are obtained. Verified the Mode of operation and signature(s) of the account. The request may be processed.

Entered by
SP No:
(If applicable)

Verified by
SP No: