केनरा बैंक Canara Bank

CUSTOMER REQUEST LETTER

[For Savings & Current A/c (Proprietorship) customers only]

From :

_____

_____

_____

To:
The Branch Manager

_____

_____BRANCH

Dear Sir/Madam,

I/We request you to provide me the service/s ticked in the box below. You can debit charges as applicable to my account.

My A/c No. _____	Customer Id : _____
Phone / Mobile No. _____	E-mail Id. _____

Kindly update my Permanent Account Number in your records : PAN ☐☐☐☐☐☐☐☐☐☐ (enclose proof of PAN)

Please tick ☐ in the appropriate box.

1. ☐ **CHEQUE STOP PAYMENT REQUEST:**

a. ☐ I/We have lost the cheque book containing leaves from_____to_____Please stop payment of the same and issue new cheque book.

b. ☐ I/We have issued a cheque no._____dated_____for ` _____ favouring_____. Please stop payment of the cheque.

2. ☐ **CHEQUE BOOK REQUEST:**

a. ☐ I/We have not received cheque book for my/our new account. Please issue cheque book.

b. ☐ I/We have not received Personalized Cheque Book.

c. ☐ I/We have lost the cheque book requisition slip. Please issue a cheque book.

3. ☐ **DEPOSIT OF CASH /CLEARING CHEQUE / OUTSTATION CHEQUE / TRANSFER OF FUNDS**

a. ☐ I/We have remitted cash amounting to ` _____at_____branch for credit of A/c No._____. Amount not credited/short credited. Please verify.

b. ☐ I/We have deposited the Cheque No._____Amount ` _____Date of Deposit _____Drawee Bank and Branch _____
- Credit not received in my/our account. Please verify and credit.
- Returned cheque not received. Please verify and return the cheque.

c. ☐ An amount of ` _____remitted on_____(date) through RTGS/ NEFT not credited to beneficiary's account. Please verify.

d. ☐ An amount of_____remitted on_____(date) through RTGS/NEFT by_____bank/branch for credit of my/our a/c.no._____ not credited. Please verify and credit.

e. ☐ Details of transaction required –
Debit: Date_____Amount ` _____Payee/Charges_____
Credit: Date_____Amount ` _____(cash/transfer entry)

f. ☐ **Charges** – Amount ` _____Date_____Wrongly debited. Please verify.

g. ☐ Following Transaction through Internet Banking not effected:
Nature of Transaction:_____Date_____Amount ` _____
Beneficiary Name_____A/c No. _____

4. ☐ **PASS BOOK/PASS SHEET:**

a. ☐ **Pass Book**- I/We have not received Passbook for new account. Please issue pass book.

b. ☐ **Duplicate Pass Book** - I/We have lost the pass book. Please issue duplicate pass book with entries from_____to_____.

c. ☐ **Pass Sheet** - I/We have not received the pass sheet for my/our account. Please issue pass sheet from_____to_____.

d. ☐ **Duplicate Pass Sheet** - Please issue duplicate pass sheet from_____to_____.

e. ☐ Please register my e-mail address and send the pass sheet – Periodicity – Monthly / Bi-monthly / quarterly/ Half-yearly /annually.

5. ☐ **CHANGE OF ADDRESS:**

a. ☐ Please update the contact information (residence/office) in your records. I/We am/are enclosing proof of my/our new address. My/Our new address is_____City_____
PIN_____Tel No._____Mobile No._____E-mail Id _____

b. ☐ Change of address intimated on_____(date) not yet effected in the system.

6. ☐ **DEBIT CARD / CREDIT CARD** (strike out which is not applicable)

a. ☐ I have filled up the form but not received the Card. Please check and issue the Card.

b. ☐ Lost Card – My Debit/Credit Card is lost. The 16 digit Card No. is_____. Please Hot List the Card. (please fill up separate appln. form for obtaining new Card).

c. ☐ Card expired. New Card not received.

d. ☐ ATM – Cash not dispensed/partly dispensed - ATM ID_____Transaction Date: _____ Amount `_____.(Please attach Transaction Slip)

7. ☐ **INTERNET BANKING/MOBILE BANKING/TELE BANKING**(strike out which is not applicable)

a. ☐ I have filled up the form but not yet received the User ID for Internet Banking/Mobile Banking / Tele Banking. Please issue.

b. ☐ My User Profile is Blocked. Please unlock.

c. ☐ I have forgotten my User ID and Password for Internet Banking / Mobile Banking / Tele Banking. Please reissue.

8. ☐ **FIXED DEPOSIT / KAMADHENU DEPOSIT / RECURRING DEPOSITS:**
Account Number_____date of Deposit: _____

a. ☐ Deposit Receipt not received.

b. ☐ Tenure of the Deposit wrongly mentioned. Correct Tenure:_____months/years.

c. ☐ Rate of Interest not correctly applied. / Preferential rate not given.

d. ☐ Periodical FD interest not credited to account / pay order not received.

e. ☐ Nomination not registered / not cancelled / variation as requested not effected.

9. ☐ **TAX DEDUCTED AT SOURCE:**

a. TDS Certificate Request for the FY _____

b. Interest Certificate request for the FY _____

c. TDS Certificate not received for the FY _____

d. Form 15H/15G submitted at branch on_____but tax deducted.

e. Mismatch in Tax deducted and Tax remitted. Please verify.

10. ☐ **PENSIONERS' GRIEVANCES:**

☐ Pension not credited ☐ Life Certificate not updated ☐ Pension/DA arrears not paid

☐ Commutation not restored ☐ PPO Copy not received ☐ Family pension not released

11. ☐ **STANDING INSTRUCTIONS**

Following standing instructions not executed:

Instructions date:_____Amount : `_____Periodicity : _____

From : A/c No._____of _____

To : **A/c No. 3536101005394**_____of **St. James Renal Care Mission**

12. ☐ **ACCOUNT MODIFICATION:**

Account Number:_____ Name : _____

a) ☐ Documents submitted for KYC Compliance. KYC details not updated.

b) ☐ Date of Birth not updated though proof of Date of Birth submitted on_____.

c) ☐ Conversion of individual account into joint account not made.

d) ☐ Status of account not changed from Minor to Major.

e) ☐ Addition / Deletion of Joint Account holder not made.

f) ☐ Mode of Operation wrongly mentioned from the one mentioned in the a/c opening form.

g) ☐ Sweep-in/Sweep-out instructions not executed.

13. ☐ **OTHERS (Please specify):** _____

Date:_____

SIGNATURE OF THE CUSTOMER/S

For Branch Use: **Please affix Date Seal with time here**

We confirm that all the requests of the customer/s are addressed **Signature of the attending Officer/Manager**	Verified **Signature of Branch-in-charge/Sr Manager /manager**

_____ cut here _____

ACKNOWLEDGEMENT

We acknowledge having received customer request letter from _____
_____(full name) A/c No._____requesting for point no._____

Sl.No._____ **Plese affix date seal with time** **Signature of the Officer**