

REQUEST FORM FOR ACCOUNT SERVICING



Basic Details

Branch Name: Branch Code: Date :

Name

Account Number CRN

Mobile No. ATM/Debit Card Number

I. Request For Account Statement

E-Statement Physical Statement

Note: If it's a joint account, the statement will be sent to the e-mail ID already registered with us

Period of Statement

From To

II. Activation/deactivation Of E-statements

(if E-statement is opted for, physical statements will be disabled)

Activation: E-mail ID already registered Y N

If no please provide e-mail ID:.....

De- Activation

III. New Cheque Book / Stop Payment Request

New cheque book

Savings account: leaves

Current account: leaves

Stop Payment of Cheque Number

From To

Reason for stop payment:

IV. Duplicate DD/cancellation Of DD

(For duplicate DD, indemnity to be submitted as per format)
(For revalidation and cancellation, original DD to be submitted along with the request)

Cancellation Duplicate

DD No.:

Issue Date :

Payable at : Revalidation

Amount :

Beneficiary :

Reason for cancellation/Duplicate DD:

V. Internet Banking/mobile Banking

Activation De-activation

VI. Account Migration Request

Existing Product Code (Name) :

Requested Product Code (Name) :

For all account migration requests debit card issued earlier (if any) will be blocked and re-issued. (Charges applicable)

I/We confirm that we have read and understood the terms and conditions of the new offering and agree to abide by the same.

VII. Activation/Deactivation of Alerts

SMS Activation SMS De-activation

E-Mail Activation E-Mail De-activation

ID Proof :

VIII. Withdrawal Of FD

FD Account No.

Withdrawal amount

(Amount in Words Rupees.....)

Credit Proceeds

to A/C No.

with Jana Small Finance Bank / Other Bank.....

Branch..... IFSC.....

IX. Submission Of Form 15H/15G

Please update my FD Account No.

with the attached 15G/15H.

X. Cheque Retrieval

Date of transaction

Cheque No.

Amount Rs.....

Name of the payee.....

XI. Deletion Of Joint Holder

(all account holders to sign)

Name of the Joint Holder to be deleted

.....

CRN of Joint Holder

XII. Upgradation of Debit Card

RuPay Classic Issuance Fees ₹..... RuPay Platinum Issuance Fees ₹..... RuPay Select Issuance Fees ₹.....

XIII. Account Transfer Request

CRN (all accounts linked to the CRN will be transferred)

Mode of operation

I/We request you to,

Transfer the above mentioned accounts from your

.....Branch in.....

to yourBranch in.....

New mailing address:

.....

.....

Telephone(R)

Mobile

(please provide proof of new mailing address)

Reasons for transfer of Account



XIV. Change In Mode Of Operation

(applicable only for the below mandates)

a. Existing mode of operation

- Either or Survivor Former or Survivor
 Jointly by all Any One or Survivor

b. New mode of operation

- Either or Survivor Former or Survivor
 Jointly by all Any One or Survivor

XV. Certificate

- Interest Certificate TDS Certificate

Period (applicable only for Interest and TDS certificate)

From To

- Balance confirmation as on.....(Date)
 Duplicate FD Advise

XVI. Standing Instruction Registration/ Cancellation

- Registraion Cancellation

Amount (in Rs.) (Rupees in Words)

frequency.....

Start Date End Date

A/C to be Credited

Name of the Beneficiary

Bank

Branch

IFSC

- 1 I/We authorise you to debit my/our account for the above standing instruction. Applicable charges maybe debited to my/our account
2 I/We understand that the Bank will make maximum of 3 attempts to execute Standing Instruction. Thereafter no further action will be taken by the Bank.

XVII. Issuance Of Insta Kit

- Issuance of Insta Kit
 Re-Issuance of Insta Kit
 Card Lost Damaged
 Others.....

XVIII. Debit Card Charges – Reversal

Date of Transaction:

Amount:

Type of Charge:

- Annual Maintenance Charge Issuance Charge

XIX. Re-Issuance Of Debit Card PIN

- PIN not received PIN forgotten PIN not working

Note: This request to be taken only in case of failure to attempt green pin generation

XX. Blocking/ Unblocking/ Deactivation Of Card

- Blocking Unblocking Deactivation of Card

Reason.....

XXI. Issuance of Personalised Debit Card

1st Applicant

- Issuance of personalised Debit Card
 Re-Issuance of personalised Debit Card
 Card Lost Damaged
 Others.....

2nd Applicant

- Issuance of personalised Debit Card
 Re-Issuance of personalised Debit Card
 Card Lost Damaged
 Others.....

XXII. Change of Maturity Instruction for Fixed Deposit

FD Number

I hereby request you to record the following new maturity instructions for the above FD.

On Maturity,

- i. Auto Renewal Y N
 Renew Principal Only Renew Principal with Interest

ii. Credit the proceeds to A/C No.

with Jana Small Finance Bank/Other Bank.....

Branch.....IFSC.....

XXIII. Change In APY Scheme

Frequency of payment

- Monthly Quarterly Halfyearly

Desired Pension Amount

- 1000 2000 3000 4000 5000

XXIV. Others

- Addition/deletion of authorized signatory /Directors/Trustees (attach copies of relevant documents)
 Dissolution/Reconstitution of partnership firm (attach copies of relevant documents)
 Change in constitution of entity (attach copies of relevant documents)
 Change in operating instructions for entities (attach copies of relevant documents)
 Closure of entity accounts (attach copies of relevant documents)
 Request for Doorstep services (attach copies of relevant documents)
 Modification/Cancellation of Doorstep services (attach copies of relevant documents)
 Others.....

REQUEST FORM FOR ACCOUNT SERVICING



SRS

Addition of account holder/Authorised Signatory 1

Name :

Existing Jana Bank customer : Y N

CRN (If yes)

Gender : M F T

DOB :

Nationality :

Designation :

PAN :

Form 60 Y N

Aadhaar No

DIN

Mother's Maiden Name

Mobile No

Address

State

Pin Code :

Email ID

Particulars	Address Proof	ID Proof
Document Name		
Document No		
Date of Expiry		

Recent Passport size
Photograph

Signature

Addition of account holder/Authorised Signatory 2

Name :

Existing Jana Bank customer : Y N

CRN (If yes)

Gender : M F T

DOB :

Nationality :

Designation :

PAN :

Form 60 Y N

Aadhaar No

DIN

Mother's Maiden Name

Mobile No

Address

State

Pin Code :

Email ID

Particulars	Address Proof	ID Proof
Document Name		
Document No		
Date of Expiry		

Recent Passport size
Photograph

Signature



Declaration

- I/We have read and understood the terms and conditions and Schedule of Charges governing the opening of the account with Jana Small Finance Bank and those relating to various services including, but not limited to ATMs / Debit card / Net banking/ Phone banking/Jana Cash Wallet mentioned hereunder and more in detail mentioned at www.janabank.com and agreed to be bound by it.
- I/We agree to be bound by all terms and conditions including excluding / limiting Bank's liability, and the changes thereto in Terms and Conditions from time to time relating to my/our account as communicated and made available on the Bank's website.
- I/We hereby authorise Jana Small Finance Bank to share my/ our personal / KYC or any other details with Central KYC Registry / Credit Bureaus / any agencies as required by law, and receive information from these agencies. Any agencies so authorised may furnish for consideration, the processed information and data or products thereof prepared by them, to banks/ financial institutions and other credit grantors or registered users, as may be specified by the regulators in this behalf.
- In the event of death of any one of the depositors, premature encashment of term deposits would be allowed to the surviving account holders at their joint request. Payment to survivors gives valid discharge to the bank. The survivor would be receiving the payment from the Bank as trustee of the legal heirs of the deceased depositor i.e. such payment to survivors shall not affect the right or claim which any person may have against the survivor(s) to whom the payment is made. Such premature withdrawal shall not attract any penal charges as on date. The same is subject to review from time to time
- It is stated that any and all claims, matters and disputes are subject to be governed by the laws as prevalent in the Republic of India and jurisdiction of the competent courts in Bengaluru only.
- I/We hereby declare that the information furnished above is true & correct & to the best of my / our knowledge
- I hereby agree to Jana Small Finance Bank/Subsidiaries/Affiliates/Agents contacting me for various other product/offering updates, marketing promotions, smart rewards, special offers or any such information from time to time.
I do hereby give my consent to receive such information through Phone Calls Y N SMS Y N Email Y N
- I/We agree that the Bank may send communications/letters etc. to me/us, through courier/messenger/mail or through any other mode at its discretion and the Bank shall not be liable for any delay arising there from.

1st Applicant/Guardian/ Authorised Signatory
(In case of cards issued to Minor accounts)

Name:

Desig.:

2nd Applicant/ Authorised Signatory

Name:

Desig.:

3rd Applicant/ Authorised Signatory
PPI Holder(In case of PPIs only)

Name:

Desig.:

To be signed by Proprietor/All Partners/Persons authorized to operate the account. (With seal)

For Office Use

- | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|---|---|---|---|---|---|---|---|---|---|--|--|--|--|--|--|--|--|--|--|--|
| 1. Account details and Signatures verified <input type="checkbox"/> Y <input type="checkbox"/> N | 2. KYC verified <input type="checkbox"/> Y <input type="checkbox"/> N | | | | | | | | | | | | | | | | | | | | | | |
| 3. Service Request no..... | 4. Service Request filled on <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> | D | D | M | M | Y | Y | Y | Y | Y | Y | Y | | | | | | | | | | | |
| D | D | M | M | Y | Y | Y | Y | Y | Y | Y | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |

Incase of Cards

Type of Card Issued :

Card No

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Card linked to the following accounts:

SB A/C No

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

CA A/C No

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Date

Signature
Customer Relationship Executive

Signature
Branch Operations Manager

Acknowledgment

We acknowledge the service request as below for A/C No.

- | | | |
|--|--|--|
| <input type="checkbox"/> Request for account Statement | <input type="checkbox"/> Submission of form 15H/15G | <input type="checkbox"/> Standing Instruction Registration/Cancellation |
| <input type="checkbox"/> Activation/De-activation of E-Statement | <input type="checkbox"/> Cheque Retrieval | <input type="checkbox"/> Debit Card Charges – Reversal |
| <input type="checkbox"/> New Cheque Book/stop payment request | <input type="checkbox"/> Deletion of Joint Holder | <input type="checkbox"/> Re-Issuance of Debit Card PIN |
| <input type="checkbox"/> Duplicate DD/Cancellation of DD | <input type="checkbox"/> Upgradation of Debit Card | <input type="checkbox"/> Blocking/Unblocking/Deactivation of Card |
| <input type="checkbox"/> Internet banking/Mobile Banking | <input type="checkbox"/> Account Transfer Request | <input type="checkbox"/> Issuance of Personalised Debit Card |
| <input type="checkbox"/> Account Migration Request | <input type="checkbox"/> Change in Mode of Operation | <input type="checkbox"/> Change of maturity instructions for Fixed Deposit |
| <input type="checkbox"/> Activation/Deactivation of Alerts | <input type="checkbox"/> Certificate | <input type="checkbox"/> Change in APY Scheme |
| <input type="checkbox"/> Withdrawal of FD | <input type="checkbox"/> Issuance of Insta Kit | <input type="checkbox"/> Other: |

Details:

Name & Signature of Branch Official: Date: