

## NADIA DISTRICT CENTRAL COOPERATIVE BANK LIMITED Head Office: M.M. Ghosh Street, P.O. Krishnanagar, Dist. Nadia (W.B.). Pin-741101



## MULTIPURPOSE REQUEST FORM

	Date:
To	Name & Address of Applicant:
The Branch Manager,	
Nadia District Central Coop. Bank Ltd.	
Branch.	
	CIF No
Dear Sir,	
Regarding My / Our SB/CD/TERM DEPOSIT/RD A/C	C no.:
I am / We are maintaining the captioned account/s v	with your branch.
1) Kindly manage to issue me/us duplicate Pass Bo am/we are prepared to bear the charges thereof, if any	
2) Please STOP payment of Cheque nofo	
3) Please credit a sum of Rsdebiting my A/c No	•
	Dated favouring and credit the proceeds to/ our the cancellation charges.
5) Please convert my/ our account from dormant/ account will hereafter be operated regularly.	inoperative to operative. I/we assure that the
6) Please cancel my ATM / Debit Card bearing No	
7) My ATM card is blocked. Please do the needful to act	tivate the same. (No
8) kindly issue me/us an interest certificate for the fi	nancial year to
9) Please change my <b>Account name</b> as Mr./Mrs	(Copy of document is enclosed).
10) CHANGE OF ADDRESS / TELEPHONE NO.:	
Kindly make necessary changes in my/our accounts.	
(Proof for change of address as per KYC guidelines enclose	ed).
My new address is as below: My / Our new ph	none no



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11) Kindly attest my/our signature/s on the endour SB/CD A/C No	closed form. Necessary charges may be debited, from
12) ADDITION/DELETION OF NAMES IN MY/OUR S	SB/TD A/c(s)
I/We: am\are requesting you to add/delete the nam	ne of
a) Name of existing account holder:	
b) Amount of Deposit/Balance Rs	ith existing A/c holder
u) REAGON	
Signature of Existing A/c Holder(s)	Signature of person proposed for addition
13) Please premature my / Our FD/CC/RD/a and transfer the same to SB/CD A/C No	a/c no
amounting to Rs	nk's/SB/Term Deposit Account Noas on
A fresh KYC form duly completed and signed	l in enclosed herewith.
14) I/we shall be glad if you please transfer my	/our SB/CD/ a/c no to
have permanently shifted there.	rict Central Cooperative Bank Ltd., as I/we
15) Please convert my S/B. Cheque / No Frill to S/	B Cheque / Non Cheque / No Frill Account.
16) Please Reissue ATM CARD for A/c No	
17) Register my Mobile No	For SMS alert in A/c no
Amount to my/our SB/CD a/c no	
19) Please close my/our Loan / Cash Credit a debiting my/our S/B C/D a/c no	
20) Please activate your mobile banking app	olication in my SB Account No
Any other request:	1)
Date	2)
	Signature of applicant (s)
FOR OFF	ICE USE ONLY

**AUTHORIZED OFFICER** Done by: