

SERVICE REQUEST FORM FOR CHANGE IN MOBILE NUMBER

JANA SMALL FINANCE BANK

(A Scheduled Commercial Bank)

Date:

SR Number:

Branch Name:

Branch Code:

Name

Account Number

CRN

Old Mobile No.

Update Contact Details: (Please Provide the New Contact Details Below)

New Mobile No.

Section to be used, only if I/we are not contactable on the old number. Strike off if Not Applicable**I/we are not contactable on the following reason: (Please Tick any of the options below along with full signature against the option ticked)**

- ☐ Old number Surrendered/Deactivated
- ☐ Corporate connection changed
- ☐ SIM Lost
- ☐ Data entry error of existing number

I/We hereby declare that all details provided in this form are true and correct and supported by valid KYC document enclosed with this form. I/We accept and agree that this declaration shall supersede any other declaration provided by me/us with respect to the facility availed by me/us from the Jana Bank. I/We hereby give my/our consent to the 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.

Date:

Place:

Signature:

Signature:

Signature:

Customer Name:

Customer Name:

Customer Name:

Customer Name:

For office use only

Sl. No	Mandatory Validation Points by BM/BOM/CRE	Tick appropriately below	
		BM	BOM/CRE
1	Customer visited the branch in person and met by BM/BOM/CRE		
2	ID proof - KYC Original verified by BM/BOM/CRE		
3	Account details and Signatures verified with CBS by BM/BOM/CRE		
4	Call back done by BM/BOM/CRE on OLD (i.e. existing number in CBS).....(mention the number) &		
i.	Customer contacted and confirmed for change of mobile number		
ii.	Call confirmation unsuccessful		
Name of <input type="checkbox"/> BM / <input type="checkbox"/> BOM / <input type="checkbox"/> CRE			
Employee ID of BM/BOM/CRE (to be clearly mentioned)			
Signature of BM/BOM/CRE (along with seal)			