

REQUEST FORM FOR WAIVER OF CHARGES



Branch Code :

Branch Name :

Date :

Basic Details

Name

Account Number

CRN

Mobile No.

Waiver/Reversal Of Charges

Type of charges to to be reversed:

Amount of charges to be reversed : Rs..... (Rupees.....only)

Date of Debit of the charges :

Reason for reversal of charges :

Signature

Signature

Signature

1st Applicant/ Authorised Signatory
(Name & Desig.)

2nd Applicant/ Authorised Signatory
(Name & Desig.)

3rd Applicant/ Authorised Signatory
(Name & Desig.)

Signature

Signature

Signature

Authorised Signatory
(Name & Desig.)

Authorised Signatory
(Name & Desig.)

Authorised Signatory
(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 ☐ Y ☐ N

2. Service Request No.

3. Amount of charges reversed/Details of action initiated

Date

Signature
Customer Relationship Executive

Signature
Branch Operations Manager

Acknowledgment

We acknowledge your request for waiver of charges for A/C No.

Details:.....

Date

Signature of the Branch Official