

SERVICE REQUEST FORM FOR CHANGE IN CUSTOMER INFORMATION

JANA SMALL FINANCE BANK

(A Scheduled Commercial Bank)

Branch Name:

Branch Code:

Date :

Basic Details

Name

Account Number CRN

Mobile No.

I. Change Of Address

(Please provide the new address below)

☐ Present ☐ Permanent ☐ Address of Correspondence

Flat No./Bldg. Name

Road Name

Landmark City/Town/Village

District/State Pin Code

Country

Reason for Change of Address

Document For Proof Of Address: (Please Tick)

☐ Passport/Driving License/ Voters ID/Aadhaar/NREGA ☐ Letter issued by National Population Registry/Utility Bills

☐ Letter from HR (only for Approved Salary Accounts) ☐ Letter of allotment of accommodation

☐ Property or Municipal Tax Receipt/Pension or family pension payment orders

☐ Updated Passbook/ Bank Statement/Letter from Ministry of Defence/PSUs

II. Change In Name (Enclose Relevant Documents)

New Name: Reason for Change:

III. Update Contact Details : (Please Provide The New Contact Details Below)

Tel (Off) Ext. Tel (Res)

Mobile Fax No.

Email

IV. Updation Of PAN/Aadhaar/Other KYC Documents☐ PAN ☐ Aadhaar Details ☐ Other KYC Documents (Please Furnish Copies Of The Documents)PAN NO. Aadhaar No.

☐ Please seed my Aadhaar No. for Direct Benefit Transfer

☐ Please cancel my Aadhaar No. from Direct Benefit Transfer

Other Documents:

Nature of Document :

Document No
VER: 27062024**V. Signature Change**☐ Request for Signature change
(Declaration to be obtained)

Existing Signature

New Signature

VI. Change In Status From Minor To Major

The above account was opened when I was a minor and the same was represented by
As I have completed age of 18 years as on, I request you to convert my account to a major account and remove the name of the guardian from the account. I enclose the following documents as identity and address proof along with the account opening form.

Details of Identity Proof :

Details of Address Proof :

Please paste
photograph and
sign across

Signature of the Primary holder (Major)

Attestation by the Guardian

Name:

Name:

VII. Appointment Of Letter Of Authority Holder/Power Of Attorney Holder

☐ Letter of Authority

(To be signed, if customer desires to give letter of authority to a third party for operating the account)

I/We hereby authorize you to honour all cheques or drafts on the above account/s....., and to accept and act upon receipt for money deposited with or owing by the Bank on any account or accounts at any time or times kept or to be kept in the above account with the Bank provided such cheques or drafts are signed by Mr./Mrs., whose specimen signature is attested by me/us below, notwithstanding that such cheques or drafts may create overdrawn or to increase it to any extent. Mr./Mrs., is also authorized on my/our behalf to make, draw, accept, endorse and negotiate or otherwise sign any Hundies, Bills of Exchange and Promissory Notes or other Negotiable Instruments, to operate or overdraw on the above account with your Bank, to receive payments of all money due to me/us, to acknowledge- edge debt or debts due from me/us, or to me/us, as to bind me/us to pledge or hypothecate to the Bank any stocks or other form of securities belonging to me, any one or more of us on my/our behalf to borrow either with or without security to withdraw necessary documents relating to my/our business with your Bank including guarantees, to issue guarantees on my/our behalf with or without security, to apply for and obtain ATM/Debit Card or such other instruments linked to my above account, and operate the above account through ATM or any other delivery channels.

I/We hereby agree to ratify and confirm all and whatsoever this letter of authority holder shall lawfully do or cause to be done in the premises by virtue of this letter of authority, and hold the bank indemnified from all such transactions. This authority shall continue to be in force until I/We revoke it by a notice in writing delivered to you.

☐ Power of Attorney

(to be furnished if the account is operated by POA holder)

I/We hereby authorize you to permit the operations in the account as per the POA executed by me in favour of, copy of which is enclosed.

Name of the LOA/POA holder :

Address of the LOA/POA holder :

Contact No :

Email ID :

ID Proof (DOC Name & No.) :

Address Proof (DOC Name & No.) :

Passport size
photo of the
LOA/POA holder

Signature: Customer 1

Signature: Customer 2

Specimen Signature of LOA/POA Holder

(For Office use) CRN of the LOA/POA Holder:

(A Scheduled Commercial Bank)

☐ Yes, I hereby confirm that I want to avail AEPS debit transaction services for my Savings/Current Account with the Bank

☐ No, I do not want to enable AEPS debit transaction services for my Savings/Current Account with the Bank

I/We hereby declare that all details provided in this form are true and correct and supported by valid documents enclosed with this form. I/We accept and agree that this declaration shall be in addition to 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. I/We understand, agree and acknowledge that schedule of charges, as amended from time to time, is applicable for services/facilities obtained under this service request form.

2nd Customer Name

1. Account details and Signatures verified ☐ Y ☐ N
2. KYC verified ☐ Y ☐ N
3. Service Request No.
4. Request fulfillment details
5. Balance confirmation obtained (applicable only for change in status from minor to major)
6. CRN of the LOA/POA Holder
7. Signature of LOA/POA Holder attested ☐ Y ☐ N
8. Call back done by BM/BOM ☐ Y ☐ N

Date _____

Service Request No.

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

- ☐ Change of Address ☐ Change in Name ☐ Update Contact Details ☐ Updation of PAN/Aadhar/Other Documents
☐ Signature Change ☐ Change in status from minor to major ☐ AEPS
☐ Appointment of Letter of Authority Holder/Power of Attorney Holder

Date:

Bank Official Signature