Service Request Form - Change of Product

To,
The Branch Manager
Dhanlaxmi Bank
……………………………..Branch
Subject – Change of product

1. Customer ID: _____   Applicant's Name: _____
2. Customer ID: _____   Applicant's Name: _____
3. Customer ID: _____   Applicant's Name: _____

Account Number: _____

I/We request you to change my/our saving/Current Account/s held by me/us.

Existing Product Type _____   New Product Type _____

Requisite AMB_____ Non Maintenance Charge_____

I understand the change of the Product will apply from the first working day of the next month for all requests submitted before 25th of the present month.

I understand that the Account Number/Name will not be changed and the change of product will apply only for the schedule of charge, I confirm that I have received a copy of the applicable schedule of charge.

First Applicant   Second Applicant   Third Applicant

Full Name and signatures of all the Applicants

For Branch use
Date :
Branch Staff Employee Name   Branch Staff Emp/POA No

Branch Staff Employee Signature

For RPC/CPC use
Inward No: Inward Date & Time:
Date of processing:
Maker ID: Authoriser ID

Customer Acknowledgment Copy
Form No……………
Date
Branch Staff Name   Branch Staff Signature   Branch Seal