small finance bank	Cust For Branch Office	Space for Barcode					
To, The Branch Head slice SF Bank			Date:				
Branch:	Branc	n Code:					
Applicant Name:							
Customer ID:	Account No.:						
Loan Account No.:							
Mobile No. Update & Alert Registration							
Landline Number Update (Res):			Unsubs	cribe from Value Added Alerts			
Landline Number Update (Off):							
Email ID Update:							
Permanent Account Number:							
Country of Residence	Tax Reference No.						
Change of Address Communicati	on Residence	Office	Dermenent				
			Permanent				
Landmark		State:					
City.			Pir	ncode:			
Country:		Nationality:					
Document Proof of Address							
Document Identification Number							
Issuing Authority	Place of Issue						
Issue Date:			Valid Till				
Cheque Book Request AT PAR	Bearer Ord	er	No. of Ch	eque Books required:			
Duplicate Statement	Em	ail Statement					
Physical State Statement required from this date:	ement						
Account Activation		To this date:					
Reason for not operating the account	Please re	activate my account					
Approved by Branch Manager							
I/We read and understood and agree to be bound I Internet Banking, including Terms and Conditions rel www.slicebank.com/. I agree that the Bank may de	ated to sharing of releva	nt information under foreig	n tax laws like FATCA, as				
DATE: / / PLACE:	CUSTO	MER SIGNATURE:					



Customer Service Request Form For Branch Office Use Only (Encircle Requested SR/S)

Debit Card:						
Deactivation of Debit 0	Card Number	Reactivation of Card	Number Issue Debit	Card Pin Duplicate		
Stop Payment Request						
Number of Cheque(s)		_	Payee Name			
Cheque Number						
Date			Reason			
Amount						
Aadhaar Number						
Name on Aadhaar						
Internet Banking	Issuance of Login Pas	sword				
Issuance of Login ID	Issuance of Login ID &	Password				
Issuance of Passbook	Signat	ure Verification	Balance Confirmation	Certificate		
Signature Change Request						
Please update my signature	9					
		(DId		New	
Standing Instructions						
Please transfer Rs	(in wor	ds) from my	1	
			of every month W.e.f	in the Name of		
			or every month w.e.r			
Internet Banking, including Te www.slicebank.com/. I agree	erms and Conditions relate that the Bank may debi	ed to sharing of relevant t service charges plus t	ing SMS Banking, E-statement & information under foreign tax laws axes to my account wherever ap ER SIGNATURE:	s like FATCA, as disp plicable.		
signatures of the A/c. The re the identity of the Customer diligence for updating the re	quest may please be pro by verifying his/her Debi cords of the Customer or	spect & all relevant doc ocessed. The form has I t Card/ KYC documents n his/her request at no-I		Customer. I have s k's records. I have d	atisfied myself about lone proper due	
REQUEST RECEIVED DAT	E://		ACTION TAKEN I	DATE: /	/	
REQUEST ACCEPTED BY:	EM	PLOYEE NUMBER:	Signature:			
		Ackr	nowledgement			
Request Received From:			Account No.:			
Date	Time		Signature:			