

Customer Service Form for Individual



To, Annexure V
The Branch Manager
Shriram Finance _____ Date of Request _____

Customer Information

1. Customer ID/ Certificate No. _____ 2. Customer Name _____
3. I am the sole / first holder in Certificate No _____ 4. PAN _____

I wish to update below information

5. Mobile Number (For SMS alert) _____ 6. Email ID _____
7. Landline Number (Res) _____ 8. Landline Number (Off) _____
9. Date of Birth: _____ (Proof required) 10. PAN _____ (PAN copy required)
11. Name to be updated as _____ (Proof required)
12. Title Change : Mr. ☐ Mrs. ☐ Ms. ☐ Mx. ☐ 13. Gender Change : Male ☐ Female ☐ Others ☐
14. Aadhaar Number

I wish to update below information in

15. ADDRESS CHANGE: (A) COMMUNICATION ☐ (B) PERMANENT ☐
ADD 1 _____
ADD 2 _____
ADD 3 _____
Landmark _____ City _____
State _____ Pincode _____ Country _____

ADDRESS PROOF : OVD Required (For deemed OVD, OVD with updated address to be submitted within 3 months)

OVD - a) Voter ID ☐ b) Passport ☐ c) Aadhaar Card ☐ d) Driving License ☐

16. BANK DETAILS: (Note: Cancelled Personalized cheque copy required for updation of bank details)

Bank Name: _____ Bank Branch Name _____
Bank Account Number _____ IFSC Code _____
Type of Account : Savings ☐ Current ☐ NRO ☐

17. Change of maturity instruction *

a) Renew only Principal amount ☐ b) Renew Principal with Interest amount ☐ c) Auto Refund ☐

18. REQUEST FOR CHANGE IN TAX STATUS (Deduction of TDS)

A) TDS to be deducted ☐ B) TDS not to be deducted. Completely filled Form 15G/15H attached herewith : ☐

(NOTE: Form 15H / 15G to be submitted along with this request every financial year till maturity, if TDS is opted as "NO")

19. FD RENEWAL INSTRUCTION *

I/We wish to apply for renewal of deposit for a period _____ months with Interest payout option as opted below

a) Monthly Payout ☐ b) Quarterly Payout ☐ c) Half-Yearly Payout ☐ d) Yearly Payout ☐ e) Cumulative ☐

	Old certificate No **	Maturity Date	Part Refund Amount	Renewal Amount
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____
3)	_____	_____	_____	_____

(** Each of the Certificate Nos. listed here will be renewed separately)

20. ADDITION / DELETION OF JOINT HOLDERS *

I/We wish to add / delete below Joint holder(s) in my/our Deposit No. _____

Name of Joint Holder _____ Addition / Deletion _____ Customer ID _____

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Name of Joint Holder _____ Addition / Deletion _____ Customer ID _____

with revised Mode of Operation as a) Singly ☐ b) Former or Survivor/s ☐ c) Any One or Survivor/s ☐

(For each Joint holder addition, duly filled KYC Application form with FATCA cum CRS declaration with Photograph & Self attested valid KYC documents of Joint holder need to be submitted along with this request)

Terms & Conditions:

I have read, and understood and agree to be bound by the Terms & Conditions related to UIDAI guideline, sharing of information with agency.

Mobile Number may be updated in the company records for sending any communication related to my above account. I also authorize the company to contact me on the above said number doing verification, callbacks. I confirm that the mobile number is held by me and is not used by any third party and I undertake that I shall duly and promptly inform the company, if and when my mobile number changes.

Please note : * - In case of joint account, signatures of all holders are required to process the request.

Signature _____
First Holder

Signature _____
Second Holder (if applicable)

Signature _____
Third Holder (if applicable)

For SFL Branch use only

Request received date: ____/____/____

Request accepted by: _____

SFL Employee Code: _____

Designation: _____

Signature: _____

Certified that this Request letter is complete in all aspects & all relevant documents are obtained & Signature of the customer has been verified as per mode of operation.

Note: Request would be effected in our records with a maximum 3 working days from the date of receipt.