# Customer Service Form for Individual

To,

**Annexure V**

The Branch Manager

Shriram Finance _____ Date of Request _____

## Customer Information

**1**. Folio 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 XXXX XXXX ☐☐☐☐

## 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 121 attached herewith : ☐

(NOTE: Form 121 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. _____

J/H 1 Name_____ Deletion Folio ID _____

J/H 1 Name_____ Addition Folio ID _____ Signature _____

J/H 2 Name_____ Deletion Folio ID _____

J/H 2 Name_____ Addition Folio ID _____ Signature _____

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 _____ Signature _____ Signature _____

First Holder Second Holder (if applicable) Third Holder (if applicable)

## For SFL Branch use only

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.

Request received date: ____/____/_____ Request accepted by: _____

SFL Employee Code: _____ Designation: _____

Signature: _____

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