



देना बैंक

DENA BANK (For Existing Accounts Only)

TRUSTED FAMILY BANK

Customer ID

Customer ID input field

Dear Customer,

We request you to provide the following information, which are required for updating the details in your account to enable us to serve you better. The details provided by you would be kept confidential.

To,
The Branch Manager,
Dena Bank
branch

- 1) Photograph to be pasted here and not stapled.
2) Applicant should sign across photographs.
3) Branch Round stamp to be affixed on the corner of the pasted photo

PHOTO input fields

Sir,

I/We furnish the following information as desired by you to update my/our account details with your bank.

Type and Number of the existing account :-

Type of Account and Account No. input fields

Full Name of the Account Holder/s :-

Table with columns: Mr./Mrs./Ms./Dr. etc., FIRST NAME, MIDDLE NAME, SURNAME, DATE OF BIRTH, PAN / GIR NO., SEX, OCCUPATION, Relationship with first holder

IN CASE OF A MINOR'S ACCOUNT Date of Birth of Minor :

DETAILS OF LATEST MAILING ADDRESS

Form for latest mailing address including Flat No/Shop No., Apt/ Co-op. Soc./Business Complex, Area, Street, Land Mark, City, Pin, State, Email, Ph (O), Fax, Ph (R), Mobile

DETAILS OF PERMANENT ADDRESS (Address of registered office in case of Companies, partnership etc.)

Form for permanent address including Flat No/Shop No., Apt/ Co-op. Soc./Business Complex, Area, Street, Land Mark, City, Pin, State, Email, Ph (O), Fax, Ph (R), Mobile

TDS : DEDUCTION OF TAX AT SOURCE :

TDS options: Documents submitted for exemption of TDS, Form 15(G), Form 15(H), Tax exemption certificate

NOMINATION DETAILS : Have you filled in the nomination form in the past

Nomination form options: Yes, No

FACILITIES AVAILABLE

Facilities options: Credit Card, Debit Card, SDV Locker, Credit Card *, Debit Card *

Would you like to avail of life insurance upto Rs.1 lac under our Dena Jeevan SB A/c

Life insurance options: Yes, No

Investment options: Would you like to invest in mutual funds under our tie up arrangement

Demat services options: Would you like to avail our Demat Services (available in Mumbai)

Other banks options: Do you have Account with other Banks, Yes, No, Name of the Bank, Branch, Account Number

Place : Date : Signature of the Customer :

Please Note :

- 1) In case the customer wants to change the existing mandate for operating the account OR change the signature OR change the address registered with the Bank at present please submit request letter along with a fresh signature card to the Branch.
2) Please submit one latest stamp size photograph.

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(For Existing Accounts Only)
Guideline for Bank Staff

This Check list to be used by the staff for updation of existing Customer Accounts :-
(Please tick the relevant box)

- Verified the Signature of the Customer OR
- Latest Signature obtained on fresh card
- Mandate for account operations has been checked and OR updated. (In case the customer wants to change **a)** the signature, or **b)** address already registered with the Bank, or **c)** mandate for operating the a/c, **extreme care to be exercised** at the time of updation.)

MANDATE FOR ACCOUNT OPERATION			
<input type="checkbox"/> Single	<input type="checkbox"/> Either or survivor	<input type="checkbox"/> Former or survivor	<input type="checkbox"/> Anyone or survivor
<input type="checkbox"/> Jointly by all	<input type="checkbox"/> Proprietor	<input type="checkbox"/> Any one partner/Trustee/Director	<input type="checkbox"/> By Karta (HUF)
<input type="checkbox"/> Any two jointly	<input type="checkbox"/> As per resolution	<input type="checkbox"/> As per Letter of Authority	<input type="checkbox"/> Others (specify)

- Premium Status updated as per definition of Premium Accounts
(Average Balance of Rs.25000/- for Savings Account / Average balance of Rs.1.00 lacs in case of Current Accounts)
- Details of Joint Account Holders updated.
- Signature Scanning and the photograph have been completed.
- Introducer's status updated.
- One** latest stamp size photograph, with both ears visible, obtained for **each** Account Holder.
- Proof of age for Senior Citizens obtained and verified.
- Proof of Identity / Proof of Address obtained (In compliance to HO Circular No. 146/14/2005 dated 10/08/05 of Vigilance Department)
- Form No. 60 obtained (wherever PAN no. is not available)

PROOF OF IDENTITY / ADDRESS SUBMITTED : (Please tick "Any One" from each Column)			
IDENTITY PROOF (Obtain Copy)		ADDRESS PROOF (Obtain Copy)	
<input type="checkbox"/> Passport Copy <input type="checkbox"/> No.: _____	<input type="checkbox"/> Govt / Defence ID Card <input type="checkbox"/> No.: _____	<input type="checkbox"/> Certificate of residential address from ward officer maintaining electoral roll	<input type="checkbox"/> Latest Income tax / wealth tax order with address <input type="checkbox"/> Date : _____
<input type="checkbox"/> Driving Licence <input type="checkbox"/> No.: _____	<input type="checkbox"/> Valid photo Pension Book <input type="checkbox"/> No.: _____	<input type="checkbox"/> Latest Electricity Bill <input type="checkbox"/> Date : _____	<input type="checkbox"/> Letter from employer on letter head * <input type="checkbox"/> Ration Card
<input type="checkbox"/> Pan Card <input type="checkbox"/> No.: _____	<input type="checkbox"/> Valid Freedom fighters pass book <input type="checkbox"/> No.: _____	<input type="checkbox"/> Latest Credit Card Statement <input type="checkbox"/> Date : _____	<input type="checkbox"/> Latest Telephone Bill <input type="checkbox"/> Date : _____

* On letter head certifying the photograph and residence proof of the employee as recorded in their books

- TDS exemption details entered - 15(H) in case of senior citizen & 15(G) for others.
- Minor's Date of Birth recorded.
- Customer Profile Form** is obtained separately for all the individuals i.e. all the account holders in case of joint accounts, all the partners in case of Partnership accounts, all the Directors in case of Companies etc.
- We certify that we have complied with the KYC norms.

Name of the clerk entering the details : _____ Signature _____

Date : _____

Name of the checking official : _____ Signature with PA No _____

Date : _____