



Customer Requests Form

Service Request No.: Date:

Customer Detail (To be filled in by the customer. Fields marked with #are mandatory.)

The Branch Manager,

 (Branch)#Customer's Name (as in Bank A/c) #Account No.: ATM/DEBIT Card No.: #Mobile No.: Tel No.: E-mail ID:

(Please tick the appropriate boxes. Charges will apply for fields marked with *. For further details please visit our website www.icici bank.com)

ATM/DEBIT CARDS	INTERNET BANKING
<input type="checkbox"/> *De-hotlist (unblock ATM/Debit Card) <input type="checkbox"/> ATM/Debit Card not received <input type="checkbox"/> Card expired, new card not received <input type="checkbox"/> Card swallowed by OTB ATM on <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Card swallowed by NON OTB ATM on <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ATM RESPCODE: <input type="text"/> <input type="checkbox"/> Upgrade my Debit Card <input type="checkbox"/> *Reissue Card Reason: <input type="checkbox"/> Lost <input type="checkbox"/> Damaged <input type="checkbox"/> *Issue a new Debit Card Name to be printed on the card: <input type="text"/> Preferred delivery for ATM/Debit Card: <input type="checkbox"/> Mailing address (please confirm if address is updated) <input type="checkbox"/> Branch	<input type="checkbox"/> *To enable User ID <input type="text"/> <input type="checkbox"/> *Request for Internet User ID and Password <input type="checkbox"/> *Reissue both Login and Transaction Password <input type="checkbox"/> *Request for Login Password <input type="checkbox"/> *Reissue only Transaction Password <input type="checkbox"/> Password not received Login <input type="checkbox"/> Transaction <input type="checkbox"/> <input type="checkbox"/> Unable to view linked accounts Linked Account No.: <input type="text"/> <input type="checkbox"/> *Account Type: <input type="checkbox"/> Bank <input type="checkbox"/> Credit Card <input type="checkbox"/> Demat <input type="checkbox"/> Loan <input type="checkbox"/> Site problem: User ID <input type="text"/> Error message: <input type="text"/> Error page: <input type="text"/> Error Date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Transaction not functioning in internet banking: <input type="checkbox"/> Bill Payment <input type="checkbox"/> Fund Transfer <input type="checkbox"/> Miscellaneous <input type="text"/> User ID <input type="text"/> Transaction Date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Credit Account No.: <input type="text"/> Amount <input type="text"/> Biller's name <input type="text"/>
CHEQUE	CHEQUE BOOK
<input type="checkbox"/> Payee details required: Amount (in ₹) <input type="text"/> Cheque No. <input type="text"/> Drawn on. <input type="text"/> Date of transaction: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Returned cheque not received Cheque No. <input type="text"/> Amount: <input type="text"/> Deposited at: <input type="text"/> Drawn on. <input type="text"/> Date of deposit: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> New Cheque book request: No of Cheque Book/s requested <input type="text"/> Preferred delivery: <input type="checkbox"/> Branch <input type="checkbox"/> Mailing address (please confirm if the address is updated) <input type="checkbox"/> *Non-personalised cheque book (5 Leaves) Purpose of request <input type="text"/> (please submit ID proof) <input type="checkbox"/> Cheque book not received, request placed through: <input type="checkbox"/> Requisition slip <input type="checkbox"/> Phone banking <input type="checkbox"/> Internet banking <input type="checkbox"/> ATM/ATM dropbox on <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Branch at <input type="text"/> (Branch name)
FIXED DEPOSITS/RECURRING DEPOSITS	STATEMENT
<input type="checkbox"/> FD No.: <input type="text"/> <input type="checkbox"/> Link FD to operative A/c No: <input type="text"/> (If FDR was issued, please return it) <input type="checkbox"/> FD Receipt/MOD not received <input type="text"/> <input type="checkbox"/> Incorrect tenure <input type="text"/> Required tenure <input type="text"/> <input type="checkbox"/> Interest rate mismatch <input type="checkbox"/> Non receipt of interest Pay Order for interest for quarter/month <input type="text"/> <input type="checkbox"/> Interest not credited for the Quarter/Month of <input type="text"/> <input type="checkbox"/> Senior citizen interest not received	<input type="checkbox"/> Statement required: From <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Purpose of request <input type="text"/> (Charges applicable as per period of statement) <input type="checkbox"/> Passbook request <input type="checkbox"/> *Request for Duplicate Passbook <input type="checkbox"/> <input type="checkbox"/> Statement not received for the period : From <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
TDS	
<input type="checkbox"/> TDS Certificate request for the FY <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Interest Certificate request for the FY <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> TDS Certificate not received for FY <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Cust. ID <input type="text"/> <input type="checkbox"/> 15G/15H Form submitted at <input type="text"/> Branch on <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> but tax deducted	

#Signature of the customer (as per Bank records): **ACKNOWLEDGMENT SLIP (TO BE FILLED IN BY THE BANK STAFF)**Received from A/c No: Date: Nature of request : Service request No OTB BANK (Branch Name and Stamp) :

Signature Of Bank Official

