

Scheme Transfer Request

DCB BANK

Date: _____

Customer ID No.

To,
The Branch Head

_____ Branch

Dear Sir,

I am / We are maintaining SB / Current Account No. _____

I / We wish to change the Account Scheme –

- From Classic Savings Bank to Premium Savings Bank A/c
- From Premium Savings Bank to Classic Savings Bank A/c
- From Classic Current to Premium Current A/c
- From Premium Current to Classic Current A/c

I / We are aware that this change will take effect from the next calendar quarter. I / We confirm that the title of the account and the mode of operation will continue to remain the same. I / We are aware of the features, benefits, terms and conditions and applicable charges of the new Account Scheme. I / We are also aware of the minimum balances required to be maintained under the new Account Scheme and the applicable charges and penalties payable upon my/our failure to do so.

Signatures of ALL Account Holders

Name(s)	Signature(s)

FOR OFFICE USE ONLY


Signatures Verified		Scheme Code Changed	
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Date: _____ Signature(s) of Bank Officials _____

Acknowledgement

Name	Cust ID
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Received Customer Request for Scheme Transfer in A/c No(s) _____

 **DCB 24-Hour Customer Care**
Email customercare@dcbbank.com
Call 3281 1322 ■ Toll Free 1800 209 5363
Website www.dcbbank.com

Signature & Date Receipt Stamp

DCB BANK