

# Customer Updation Form

Please update change(s) in your records as under

Customer ID No.

Name:

Account Number(s):

**ADDRESS (In block letters):** (attach proof)

New address (with landmark):

City:

Pin code:

State:

**CONTACT DETAILS :**

Phone (mobile):

Phone (land line):

E-mail ID:

**OTHER DETAILS**

Date of Birth:

Permanent A/c No. (PAN):

Mother's maiden name:

**OPERATING INSTRUCTIONS** (in case of joint accounts only)

We shall henceforth operate the account as under

Either or Survivor  Jointly  Former or Survivor Other:

**SPECIMEN SIGNATURE(S)** Signatures of ALL Account Holders (attach signature proof in case of change in signature)

Name(s)	Signature(s)

### FOR OFFICE USE ONLY

Signature(s) verified by	
Address / signature proof verified by	
System updated by	

Date:


Signature(s) of Bank Officials

### Acknowledgment

Name	Cust ID
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Received Customer Updation Form in A/c No(s).

Signature and Date Receipt Stamp

 **DCB 24-Hour Customer Care**  
 Email [customercare@dccb.com](mailto:customercare@dccb.com)  
 Call 3281 1322 ■ Toll Free 1800 209 5363  
 Website [www.dccb.com](http://www.dccb.com)