Customer ID Merger Form

(* Fields are mandatory)

DCB BANK

Branch

Date: D D M M Y Y Y Y

Please affix a recent photograph

Sign across the photo

Customer Name: Mr. Mrs. Ms. M/s. Dr. Prof.

(First Name) (Middle Name) (Last Name)

City: Pin:

Landmark:

State: Country:

Please merge the following multiple Customer IDs into one Customer ID. For that matter Customer ID to be retained is mentioned in the table below.

Customer IDs to be Merged:

Sr. No.	Customer ID	Name on the Account
1		
2		
3		
4		
5		

Customer ID to be Retained:

Sr. No.	Customer ID	Name on the Account
1		

Customer Signature

Declaration

I/We understand and agree that all my/our accounts will now reflect under one Customer ID after merging the rest of the Customer IDs and other Customer IDs shall no more be active. I/We am/are aware that Internet Banking, if availed, will now be accessible only under the retained Customer ID and all the accounts will reflect under this Customer ID. I/We am/are aware that TDS deducted on Term Deposit Accounts under above mentioned Customer IDs will also stand merged and TDS shall now be applicable on the basis of main Customer ID in accordance to the provisions of the Income Tax Act, 1951 and the Bank will furnish one TDS certificate for all my/our accounts.

I/We confirm that all the details provided in this form are correct and agree to the Terms and conditions of the Bank. I/We also understand that all my/our accounts can be accessed through the merged Customer ID.

Name:

Date: D D M M Y Y Y Y

Customer Signature

For Bank Use Only

Customer request acted upon on D D M M Y Y Y Y / forwarded to on D D M M Y Y Y Y

I confirm that the account status is active and signature of the customer matches with our records.

I have verified the Current Address Mobile Number Email address of the customer and confirm it to be right as per our records.

Name of the Branch Official:

Designation: HRMS No.:

Y

Signature of the Branch Official