



NAGARIK SAMABAY BANK LIMITED

Guwahati, Assam

COMMON APPLICATION FORM

The Branch Manager
Nagarik Samabay Bank Ltd.

Date :

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.....Branch

Customer Name :

Customer ID (UCIC) :

--	--	--	--	--	--	--	--

Account Number :

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

I/ We wish to update Contact Information (Tick where applicable)

Mobile No. & Sms Alerts Registration	<input type="checkbox"/>
Land Line No	<input type="checkbox"/>
Email Id Reg	<input type="checkbox"/>
Address :	<input type="checkbox"/>
State	<input type="checkbox"/>
Pin	<input type="checkbox"/>

Request for New ATM cum Debit Card.

I/ We request you kindly to issue a ATM Cum Debit Card.

New Card Replacement Card Insta card Personalised Card

Request for ATM cum Debit Card Block/ Surrender

I/ We request you kindly to block my ATM Card as it was lost/ damaged.

I/ We want to surrender my/our ATM cum Debit Card.

ATM Card No

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Request for Duplicate Pass Book

I/ We request you kindly to issue a duplicate pass book as the original pass book was lost/ damaged.

Stop payment of Cheques

I/We request you to stop payment against the following Cheques

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 No of Cheque Leaf

--	--	--	--	--	--	--	--

Cheque No Starting From

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 Cheque No upto

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Cheque No 1

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 Cheque No 2

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 Ch No 3

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Cheque No 4

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 Cheque No 5

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 Ch No 6

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Note: Once a cheque is stopped it can't be used or can be made usable by application.

Declaration From Customer

I/We declare that the above information is true and correct. I/We clearly understand that all operations effected through this Debit Card at any of the ATMs/PoS/Ecom are binding on me/us. I/We have read the terms and conditions governing the use of the facilities of the bank and agree to the terms/conditions and also agree to abide by any amendments stipulated by the Bank from time to time. *Signatures (in case of joint accounts operated by anyone or Survivor, all account holders are to sign the application)

Signature of First Holder

Signature of Joint Holder

Office use only

Received application from (Cust Name & A/C No)

For the purpose of

On dated and Time

Signature of Officer

Sign Manager

COMMON APPLICATION FORM

Request for Issue of Cheque Book

I/ We request you kindly to issue a Cheque Book as I/We have lost the Cheque Requisition Slip.

No of Cheque Leaf (Mention in Number of Leaves)

Request for change/ addition of Nominee

I/We request you to change nominee against my/our ac no

Nominee name																		
Relationship																		
DoB/ Age																		
Address																		
Percentage of Share																		

Request for Account Closure

I/We request you to close my/our account no

as I/ We am/ are

Shifting to ther place

Have account in other banks

Other Reasons (Please specify)

Request for Addition of holder

I/We request you to change nominee against my/our ac no

Holder Name																		
DoB/ Age																		
Address																		
Mode of operation (Pls Specify)																		

Mobile App Registration (View only -version android)

I/We request you allow me/ us to register android application of the bank.

Mobile No

Note

- Note :
- 1 The requests will be processed within 7 working days after receipt of this application.
 - 2 The custmer will be solely/ jointly responsible for declarations made on this form
 - 3 In case of any mistake the same shoul be reported to branch within 2 working days of application.

Any other request please write:

Declaration From Customer

I/We declare that the above information is true and correct. I/We clearly understand that all operations effected through this Debit Card at any of the ATMs/PoS/Ecom are binding on me/us. I/We have read the terms and conditions governing the use of the facilities of the bank and agree to the terms/conditions and also agree to abide by any amendments stipulated by the Bank from time to time. *Signatures (in case of joint accounts operated by anyone or Survivor, all account holders are to sign the application)

Signature of First H/holder

Office use only

Received application from (Cust Name & A/C No.) <input type="text"/>			
For the purpose of <input type="text"/>			
On dated and Time <input type="text"/>		Sign of Officer	Sign Manager