



(B) I HAVE ATTAINED MAJORITY ON    .

PLEASE CHANGE THE STATUS OF MY ACCOUNT FROM MINOR TO MAJOR. I WOULD LIKE TO OPERATE THE ABOVE ACCOUNT SINGLY IN MY NAME AS MAJOR PERSON / JOINTLY WITH MR. / MRS. \_\_\_\_\_ WITH OPERATING INSTRUCTION EITHER OR SURVIVOR / JOINTLY.

**D CHANGE IN SIGNATURE**

PHOTO COPY OF PAN CARD OR AADHAAR CARD, ETC., OFFICIALLY VALID DOCUMENTS (OVD) ARE REQUIRED [COPY VERIFIED FROM THE ORIGINAL WILL BE KEPT ON RECORD].

1. IF YOU ARE ALREADY AN ACCOUNT HOLDER OF BANK, THEN YOUR PREVIOUS SIGNATURE HAS TO BE AS PER BANK RECORDS.

PREVIOUS SIGNATURE

NEW / CURRENT SIGNATURE

**E NAME ADDITION & DELETION**

PHOTO COPY OF PAN CARD OR AADHAAR CARD, ETC., OFFICIALLY VALID DOCUMENTS (OVD) ARE REQUIRED [COPY VERIFIED FROM THE ORIGINAL WILL BE KEPT ON RECORD].

I / WE REQUEST YOU TO KINDLY ADD / DELETE NAME IN THE ACCOUNT NUMBER

THE NAME TO BE ADDED / DELETED ALONG WITH THE SIGNATURE IS APPENDED BELOW :

NAME TO BE ADDED / DELETED : \_\_\_\_\_

REASON FOR ADDITION / DELETION : \_\_\_\_\_

\_\_\_\_\_

NEW OPERATING INSTRUCTION : \_\_\_\_\_

SIGNATURE OF THE PERSON(S) ADDED / DELETED :

**DECLARATION**

- 1. I / WE HAVE READ & UNDERSTOOD THE TERMS & CONDITIONS AS DISPLAYED ON BANK'S WEBSITE ([www.kalyanjanata.in](http://www.kalyanjanata.in)) AS AMENDED FROM TIME TO TIME & I / WE ACCEPT & AGREE TO BE BOUND BY THE SAID TERMS & CONDITIONS.
- 2. I / WE AGREE THAT THE BANK MAY DEBIT MY/ OUR ACCOUNT FOR SERVICE CHARGES AS APPLICABLE FROM TIME TO TIME.
- 3. I / WE UNDERSTAND THAT THE BANK HAS A RIGHT TO DISCONTINUE ANY OF SERVICES COMPLETELY OR PARTIALLY WITHOUT ANY NOTICE.
- 4. I / WE CONFIRM THAT ALL DETAILS PROVIDED BY ME / US IN THE FORM ARE CORRECT.
- 5. I / WE HEREBY REQUEST YOU TO PROCESS / APPROVE MY / OUR REQUEST AS MENTIONED / TICKED IN FORM.

SIGNATURE/S OF ACCOUNT HOLDER/S

<b>FOR BRANCH USE</b>	REQUEST APPROVED / PROCESSED AND SIGNATURE OF THE APPLICANT VERIFIED BY: <input type="text" value="DD"/> <input type="text" value="MM"/> <input type="text" value="YYYY"/>	
	EMPLOYEE NUMBER _____	DESIGNATION _____
	NAME OF OFFICER _____	

(Signature of Branch Official with Branch Stamp)

<b>FOR CPC DEPT.</b>	INFORMATION ENTERED BY <input type="text" value="DD"/> <input type="text" value="MM"/> <input type="text" value="YYYY"/>	
	EMPLOYEE NUMBER :	SIGNATURE
	NAME :	

ENTERED INFORMATION AUTHORIZED BY <input type="text" value="DD"/> <input type="text" value="MM"/> <input type="text" value="YYYY"/>	
EMPLOYEE NUMBER :	SIGNATURE
NAME :	