

Customer Service Form

	Annexure V			
To,				
The Branch Manager				
Shriram Finance	Date of Request			
Customer Information				
1. Customer ID/ Certificate No. 3. Aadhaar Number XXX XXX XXX	2. Customer Name			
	7. 1 / 11			
I wish to update	below information			
5. Mobile Number (For SMS alert)	_ 6. Email ID			
7. Landline Number (Res)	8. Landline Number (Off)			
9. Date of Birth: (DOB proof need to be submitted)				
I wish to update h	oelow information in			
I am the sole / first holder in the below mentioned Certificate N	0.			
Deposit Certificate Number:				
10. ADDRESS CHANGE: (A) COMMUNICATION	(B) PERMANENT			
ADD 1				
ADD 2				
ADD 3				
Landmark City				
State Pincode				
Country Please attach address pr	oof document			
ADDRESS PROOF : (For deemed OVD, OVD with updated address to be submitted within 3 months)				
OVD - a)Voter IDb) Passportc) Aadhaar Cardd) Driving License				
11. BANK DETAILS: (Note: Cancelled Personalized cheque copy need to be submitted)				
Bank Name: Ba	nk Branch Name			
Bank Account Number	IFSC Code			
Type of Account: Savings Current NRO				
12. Addition / Change of maturity instruction (Please tick either a OR b)				
a. Please add auto-renewal as the maturity instructionb. Please credit maturity proceeds to the Bank account mentioned in application form OR above.				

13. RE(QUEST FOR	CHANGE	IN TAX	STATUS	(Deduction	of TDS)
10.111		CHINGE	TIA TIATE	STREUD	Deduction	01 1 0 0 1

A) TDS to be deducted

B) TDS not to be deducted. Completely filled Form 15G/15H attached herewith :

(NOTE: Form 15H / 15G required to be submitted along with this request and every year till maturity if TDS is opted as "NO")

14. FD RENEWAL INSTRUCTION

I/We wish to apply for renewal of Deposit for a period (months) of 12 18 24 30 36 42 60 with Interest Payout Option, as mentioned below :						
a) Monthly Payout b) Quarterly Payout c) Half-Yearly Payout d) Yearly Payout e) Cumulative						
Old certificate No ** Maturity Date	Part Refund Amount	Renewal Ar	nount			
1)						
2)						
3) (** Each of the Certificate Nos. listed here will be renewed sep	parately)					
15. JOINT HOLDER ADDITION						
I/We wish to add Joint Holder(s) for my/our Deposit No.						
Name of Joint Holder 1	Name of Joint Holder 2					

with revised Mode of Operation as a) Former or Survivor/s _____ b) Any One or Survivor/s _____

(For each Joint Holder, duly filled KYC Application Form with Photograph & Self attested KYC documents of Joint Holder need to be submitted along with this request)

Terms & Conditions:

I have read, and understood and agree to be bound by the Terms & Conditions related to UDAI guideline, sharing of information with agency.

Mobile Number may be updated in the company records for sending any communication related to my above account. I also authorize the company to contact me on the above said number doing verification, callbacks. I confirm that the mobile number is held by me and is not used by any third party and I undertake that I shall duly and promptly inform the company, if and when my mobile number changes.

Please note, the signatures of all holders are required for FD renewal.

Signature(s)				
For SFL Branch use only				
Request received date://	Request accepted by:			
SFL Employee Code:	Designation:			
Signature:				
Certified that this Request letter is complete in all aspects & all relevant documents are obtained & Signature of the customer has been verified as per mode of operation.				
Note: Request would be effected in our records with a maximum 3 working days from the date of receipt.				