



PADMAVATHI COOPERATIVE URBAN BANK LIMITED
HILL STREET, SECUNDERABAD -500003

CUSTOMER REQUEST FORM

Account Number: 1001 _____

Name of the account: _____

<u>STATEMENT</u>	<u>TDS</u>
Statement required : Fom _____ to _____ Purpose of request _____ (Charges applicable as per period of statement) Passbook request : Request for Duplicate Passbook: Statement not received for the period:	TDS Certificate request for the FY Interest : _____ Interest Certificate request for the FY _____ TDS Certificate not received for FY _____ Cust. ID /Account Number:
<u>CHEQUE BOOK</u>	<u>CHANGE OF ADDRESS</u>
New Cheque book request : No of Cheque Book/s - _____ No of leaves/per cheque book: Please hand deliver to _____ whose signature is attested: _____ (signature of bearer)	Please change my address to: _____ _____ _____ <u>Proof of address enclosed : (self attested)</u>

Signature of customer(as per Bank records):

Date: