IndusInd Bank

Customer Request and Complaint Form

Don't forget to take your Service Request No.

A/c No: CIF ID:

Name: Date: D D M M Y Y Y Y

Please tick relevant Request

1. Debit/ATM Card related: Card No.
   PIN Replacement Card Hotlisting New Card Issuance (Card Type)
   Card Upgrade (Card Type) Name to be embossed on the Card
2. Cheque Book Request: (Number) Leaves required: 10 25 50 Bearer Order
3. Internet Banking: Registration Activation Password Reset De-registration
4. Alerts Related: Registration Daily Weekly De-registration
5. Mobile Banking: Registration PIN Replacement
6. Mobile/Phone Change/Addition:
7. Email ID Updation/Change Request:
8. E-statement Registration (E-mail ID):
9. Duplicate Statement Request: From D D M M Y Y Y Y to D D M M Y Y Y Y
10. PAN Updation:
11. Welcome Kit not received Tatkal Kit not activated
12. Address Change Request (New Address):
    Landmark
    City State Pincode
13. ATM Related Queries/Complaint: Date D D M M Y Y Y Y Amount:
14. Account Charges Queries/Complaint: Date D D M M Y Y Y Y Amount:
15. Other Complaints
16. FD Premature Withdrawal: FD No.
    Maturity Proceeds: Credit to IndusInd Bank Account Other
17. Bill Pay registration

Name of the Biller/ Location	*Biller Short Name (Up to 6 Characters)	Identifier 1	Identifier 2	Identifier 3	AutoPay	
					Entire Bill ✓	Pay Limit (₹)
Electricity		Consumer No.	Cycle No.	Billing Unit No.		₹
Telephone		Telephone No.	Customer A/c No.	Billing Unit No.		₹
Mobile		Account No.	Mobile No.	Customer Name		₹

18. Account closure:

Reason for account closure	Payment details for Balance in account

Updation will be done for all accounts linked to the customer ID (wherever applicable)

Yes No

Signature of 1st holder (In case of Current Account, rubber stamp required)

Signature of 2nd holder (In case of Current Account, rubber stamp required)

Service Request Number

ATM Card	
Unused Cheque leaves	
Resolution for closure (In case of Ltd./ Pvt. Ltd. Companies)	
Despository account details	
Safe Deposit Locker details	
Cheques under collection, if any	

FOR BANK USE ONLY

Date D D M M Y Y Y Y Branch Employee Name

Branch Seal ECN Stamp & Signature

Customer Acknowledgement

1. Interaction No. 2. Interaction No.
3. Interaction No. Date D D M M Y Y Y Y Branch Seal

Branch Employee Name ECN Stamp & Signature

For charges and fees, please refer to our schedule of charges (SOC) . Terms and Conditions apply.