

Customer Requests Form

 Service Request No.:

Customer Detail (To be filled in by the customer. Fields marked with #are mandatory.)

 Date:

The Branch Manager,

_____(Branch)

 #Account No.:

#Customer's Name (as in Bank A/c) _____

 ATM/DEBIT Card No.:

 #Mobile No.: Tel No.: E-mail ID: _____

(Please tick the appropriate boxes. Charges will apply for fields marked with *. For further details please visit our website www.icici bank.com)

ATM/DEBIT CARDS	INTERNET BANKING
<input type="checkbox"/> *De-hotlist (unblock ATM/Debit Card) <input type="checkbox"/> ATM/Debit Card not received <input type="checkbox"/> Card expired, new card not received <input type="checkbox"/> Card swallowed by ICICI ATM on <input type="text"/> <input type="checkbox"/> Card swallowed by NON ICICI ATM on <input type="text"/> ATM RESPCODE: _____ <input type="checkbox"/> Upgrade my Debit Card <input type="checkbox"/> *Reissue Card Reason: <input type="checkbox"/> Lost <input type="checkbox"/> Damaged <input type="checkbox"/> *Issue a new Debit Card Name to be printed on the card: _____ Preferred delivery for ATM/Debit Card: <input type="checkbox"/> Mailing address (please confirm if address is updated) <input type="checkbox"/> Branch	<input type="checkbox"/> *To enable User ID _____ <input type="checkbox"/> *Request for Internet User ID and Password <input type="checkbox"/> *Reissue both Login and Transaction Password <input type="checkbox"/> *Request for Login Password <input type="checkbox"/> *Reissue only Transaction Password <input type="checkbox"/> Password not received Login <input type="checkbox"/> Transaction <input type="checkbox"/> <input type="checkbox"/> Unable to view linked accounts Linked Account No.: <input type="text"/> <input type="checkbox"/> *Account Type: <input type="checkbox"/> Bank <input type="checkbox"/> Credit Card <input type="checkbox"/> Demat <input type="checkbox"/> Loan <input type="checkbox"/> Site problem: User ID _____ Error message: _____ Error page: _____ Error Date: <input type="text"/> <input type="checkbox"/> Transaction not functioning in internet banking: <input type="checkbox"/> Bill Payment <input type="checkbox"/> Fund Transfer <input type="checkbox"/> Miscellaneous _____ User ID _____ Transaction Date: <input type="text"/> Credit Account No.: <input type="text"/> Amount _____ Biller's name _____
CHEQUE	CHEQUE BOOK
<input type="checkbox"/> Payee details required: Amount (in ₹) _____ Cheque No. _____ Drawn on. _____ Date of transaction: <input type="text"/> <input type="checkbox"/> Returned cheque not received Cheque No. _____ Amount: _____ Deposited at: _____ Drawn on. _____ Date of deposit: <input type="text"/>	<input type="checkbox"/> New Cheque book request: No of Cheque Book/s requested _____ Preferred delivery: <input type="checkbox"/> Branch <input type="checkbox"/> Mailing address (please confirm if the address is updated) <input type="checkbox"/> *Non-personalised cheque book (5 Leaves) Purpose of request _____ (please submit ID proof) <input type="checkbox"/> Cheque book not received, request placed through: <input type="checkbox"/> Requisition slip <input type="checkbox"/> Phone banking <input type="checkbox"/> Internet banking <input type="checkbox"/> ATM/ATM dropbox on <input type="text"/> <input type="checkbox"/> Branch at _____ (Branch name)
FIXED DEPOSITS/RECURRING DEPOSITS	STATEMENT
<input type="checkbox"/> FD No.: <input type="text"/> <input type="checkbox"/> Link FD to operative A/c No: <input type="text"/> (If FDR was issued, please return it) <input type="checkbox"/> FD Receipt/MOD not received _____ <input type="checkbox"/> Incorrect tenure _____ Required tenure _____ <input type="checkbox"/> Interest rate mismatch <input type="checkbox"/> Non receipt of interest Pay Order for interest for quarter/month _____ <input type="checkbox"/> Interest not credited for the Quarter/Month of _____ <input type="checkbox"/> Senior citizen interest not received	<input type="checkbox"/> Statement required: From <input type="text"/> To <input type="text"/> Purpose of request _____ (Charges applicable as per period of statement) <input type="checkbox"/> Passbook request *Request for Duplicate Passbook <input type="checkbox"/> <input type="checkbox"/> Statement not received for the period : From <input type="text"/> To <input type="text"/>
TDS	
<input type="checkbox"/> TDS Certificate request for the FY <input type="text"/> - <input type="text"/> <input type="checkbox"/> Interest Certificate request for the FY <input type="text"/> - <input type="text"/> <input type="checkbox"/> TDS Certificate not received for FY <input type="text"/> - <input type="text"/> Cust. ID _____ <input type="checkbox"/> 15G/15H Form submitted at _____ Branch on <input type="text"/> but tax deducted	

#Signature of the customer (as per Bank records): _____

ACKNOWLEDGMENT SLIP (TO BE FILLED IN BY THE BANK STAFF)

 Received from _____ A/c No: Date:

Nature of request : _____ Service request No _____

ICICI BANK (Branch Name and Stamp) : _____

Signature Of Bank Official

DEBIT/CREDIT ADVISE REQUEST

Date of transaction : Amount : _____

SENIOR CITIZEN ACCOUNT UPGRADE

Senior Citizen
Date of birth:
PAN:
(Attach date of birth proof)

FUNDS NOT CREDITED TO THE ACCOUNT

Amount credited: _____
Amount deposited: _____

Cash deposited at Branch on but not credited to A/C

Salary not credited :
Company Name: _____
Amount: _____

Cash/Cheque Deposited: ATM Dropbox
ATM No. _____ Transaction No. _____
Cheque No. _____ Date
Amount: _____ Drawn on: _____

Account opened, funds not credited
Cheque No. _____ Date

SB Interest not credited for the month of _____

LINKING OF CREDIT CARD

I wish to link my credit card to Savings Bank A/C Credit Card No.

ACCOUNT NOT OPENED

Form submitted on
Branch/Sales Team _____ Date:

OTHERS

Others (please specify _____)

STANDING INSTRUCTION

*Amount (in Rs.) _____ Frequency _____
From To
Debit A/C No.
Name _____
 Credit A/C No.
Name _____

Standing instruction not executed.
Instruction date at _____ Branch

TRANSACTION DISPUTE

Erroneous Credit/Debit in A/c: _____
Cheque No. _____
Date of transaction:
Amount _____ Drawn on _____

Charges debited to account: Amount _____
Date of transaction:

ATM Cash not dispensed from ATM
 Insufficient cash dispensed from ATM
Date of transaction:
ATM No.: _____ Transaction No.: _____
ATM RESPCODE : _____ Amount: _____
Amount disputed: _____ (Attach copy of transaction slip)

CHANGES/ADDITIONS/DELETIONS

Address change not done: Application given on: at _____ Branch
Nomination Not registered Not deleted
Instruction date at _____ Branch

Mode of operation incorrectly updated:
Self Either or Survivor Jointly
Other, please specify _____

Joint applicant's name not included
Joint applicant's name _____

Addition/Deletion of Joint A/C. holder(s) not done instruction given on at _____ Branch

#Signature of the customer (as per Bank records)

Declaration by Branch Official – I confirm

Customer called on registered mobile no _____ and reason for deliverable request confirmed

Employee ID: _____ Date of call: _____
Signature of Bank Official: _____ Time of call: _____
Remarks: _____



For Cheque Book Request, Account Balance / Last 5 transactions, Debit Card PIN Re-generation, Stop Payment and for many more services contact our Customer Care number from your registered mobile number .

- Retail Customer Care : 1800 1080
- Business Banking: 1860 120 6699
- I Direct : 1860 123 1122
- Wealth : 1800 103 8181