

The Malad Sahakari Bank Limited

CUSTOMER REQUEST FORM FOR DEAF SETTLEMENT

1. Name of the Customer : _____

2. Address : _____

3. ID Proof : PAN Passport Election Card Driving License

Aadhar Card NREGA Card

Document No. - _____

4. Address Proof : Bill Tax Receipt A/c. Statement

Pension Order Government Document Passport

Election Card Driving License Aadhar Card

Document No. - _____

5. Account Number - _____

6. Customer Number _____

7. Payment Mode : Pay Order Cash RTGS/NEFT

Internal Account (if any) - _____

Please affix a passport size photo

Please affix a passport size photo

Please affix a passport size photo

Signature Of Accountholder(s) -
