

OMAXE LIMITED

Fixed Deposit Scheme

CHANGE REQUEST FORM

NAME:
Guardian Name:
(In case of Minor)
Mobile No.:
E-mail:
FDR No.

Dear Sir,

*Please tick in the appropriate change request and fill in the corresponding columns.

*In case of supporting documents, please tick the relevant attachments.

NAME CORRECTION	
NEW DETAILS	OLD DETAILS
Name: <input type="text"/>	Name: <input type="text"/>
Attachments (any of the following): <input type="checkbox"/> Identity Proof (PAN Card Photocopy) <input type="checkbox"/> Other Please specify..... <input type="checkbox"/> Copy of Bank Statement highlighting depositor details and deposit transaction details	

ADDRESS CHANGE	
NEW DETAILS	OLD DETAILS
Name: <input type="text"/>	Name: <input type="text"/>
Address: <input type="text"/> <input type="text"/>	Address: <input type="text"/> <input type="text"/>
Pin Code: <input type="text"/>	Pin Code: <input type="text"/>
Phone No.: <input type="text"/>	Phone No.: <input type="text"/>
Attachments (any of the following): <input type="checkbox"/> Latest Telephone Bill of Landline/ Mobile <input type="checkbox"/> Latest Electricity Bill/ Gas Bill <input type="checkbox"/> Latest Bank Account Statement <input type="checkbox"/> Latest Demat Account Statement	<input type="checkbox"/> Registered Rent Agreement <input type="checkbox"/> Passport <input type="checkbox"/> Ration Card Other Please specify.....

CHEQUE MISPLACE	
Cheque No.: (if available)	Cheque Date:
Attachments: <input type="checkbox"/> Notarized Indemnity Bond <input type="checkbox"/> In case of maturity cheque, copy of Bank Statement highlighting depositor details and initial deposit transaction details	

REVALIDATION OF CHEQUE (in case the validity of the cheque has been exceeded)	
Cheque No.: (if available)	Cheque Date:
Attachments: <input type="checkbox"/> Original Cheque	

DUPLICATE FDR
Attachments: <input type="checkbox"/> Notarized Indemnity Bond <input type="checkbox"/> Copy of Bank Statement highlighting depositor details and initial deposit transaction details

DEATH CASE	
Details of FD Owner	Details of the Nominee*
Name: <input type="text"/>	Name: <input type="text"/>
Address: <input type="text"/> <input type="text"/>	Address: <input type="text"/> <input type="text"/>
Pin Code: <input type="text"/>	Pin Code: <input type="text"/>
Phone No.: <input type="text"/>	Phone No.: <input type="text"/>
Attachments: <input type="checkbox"/> Original FDR <input type="checkbox"/> Original Death Certificate or copy of certificate duly attested by Notary Public <input type="checkbox"/> Copy of PAN Card of claimant/ Nominee <input type="checkbox"/> Succession Certificate from the court (in case of Successor) <input type="checkbox"/> Unused interest cheques	
..... signature of the claimant, with status	
*In case Second applicant name is mentioned the FD will be transferred to second applicant. If second applicant details are not mentioned then only nominee can claim the FD.	

I hereby declare that the information provided is true to the best of my knowledge.

Regards

(signature)

(Name)

Please mail the form along with supporting documents to the address of the Registrar:
Beetal Financial & Computer Services (P) Ltd
Beetal House, 3rd Floor,
99 Madangir, Behind LSC
New Delhi – 110062
Email: omaxefd@beetalfinancial.com

FOR OFFICE USE ONLY			
<input type="checkbox"/>	Checked	Date _____	Approved by _____
<input type="checkbox"/>	Amended	Date _____	Amended by _____
<input type="checkbox"/>	Remarks (if any) _____		