

# CUSTOMER REQUEST FORM (CRF)



Branch \_\_\_\_\_

Name (Last Name, First Name, Middle Initial): _____	Account No.: _____	Control No.: _____
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**Statement of Account/Bank Certification**

Snapshot                       Bank Statement (Re-printing)                       Bank Certification of Deposit Balance  
 Purpose \_\_\_\_\_ Period Covered \_\_\_\_\_

**Re-order of Checkbook**                      No. of Booklet/s: \_\_\_\_\_

Personal                       Commercial                       MDS

**For Authorized Representative:**

This is to authorize \_\_\_\_\_, whose signature appears below, to acknowledge receipt of the above document.

\_\_\_\_\_  
 Authorized Representative  
 (Signature over Printed Name)



**Stop Payment Order (SPO)**                       **Cancellation of SPO**  
 Check No. From : \_\_\_\_\_ To: \_\_\_\_\_  
 Amount: \_\_\_\_\_ Date of Check: \_\_\_\_\_  
 Payee: \_\_\_\_\_ Reason: \_\_\_\_\_  
 Date/Time Received: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

*Note: This request is subject to the Terms and Condition stated at the back of this form.*

**Mode of Payment:**                       Cash                       Debit Account No. \_\_\_\_\_

**Hold Fund**                       Account Balance  
 **Release of Hold**                       Specific Amount: \_\_\_\_\_  
 Purpose: \_\_\_\_\_

**For iAccess (Existing enrolled accounts only)**

**Maintenance**  
 Unlocking of iAccess ID                       Enabling                       Deletion of iAccess ID  
 Password Resetting                       Reactivation/Disabling  
 Updating of Profile                      Details: \_\_\_\_\_ New Data: \_\_\_\_\_

**Fund Transfer**

Account No.	Source	Destination	Addition	Deletion
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Third Party Destination                      Account No.                      Account Name

\_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_

*Note: This is subject to the same Terms and Conditions stated in the iAccess Enrollment and Maintenance Agreement Form.*

**Authorized Signatory/ies**

\_\_\_\_\_  
 (Signature over Printed Name)                      \_\_\_\_\_  
 (Signature over Printed Name)

**FOR BANK'S USE ONLY**

Processed by: _____ Customer Associate-NAC/Date (Signature over Printed Name)	Checked/Approved by: _____ BOO/BSO or Branch Head (Signature over Printed Name)
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Machine Validation

October 2017

## CRF CLAIM STUB

Name (Last Name, First Name, Middle Initial): _____	Account No.: _____	Control No.: _____
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Approved for release by: _____ Branch Head (Signature over Printed Name)	Released by: _____ BOO/BSO or Branch Head (Signature over Printed Name)	Received by: _____ Customer/Authorized Representative (Signature over Printed Name)
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