पंजाब नैशनल बैंक ...भरोसे का प्रतीक ! punjab national bank ...the name you can BANK upon !

APPLICATION FORM FOR INCREASING THRESHOLD LIMIT

Date: _____

To
The Branch Manager
_____ [Branch Name]
_____ [Branch Address]

Customer Details

FULL NAME	
ACCOUNT NUMBER	
CUSTOMER ID	
REGISTERED MOBILE NUMBER	
CURRENT THRESHOLD LIMIT	
PROPOSED/NEW THRESHOLD LIMIT REQUESTED	

Reason for Request (Tick any applicable)

☐ Higher transaction needs
☐ Increased monthly average balance
☐ Business / personal requirement
☐ Other (please specify):
_____

Documents Attached

☐ Identity Proof (Adhaar, PAN, Passport)
☐Address Proof
☐Latest bank Statement
☐ Income Proof (ITR, GST return, Balance Sheet)

☐ Others

Declaration
I, the undersigned, hereby request the bank to increase the threshold limit for my above-mentioned Savings/Current Account. I confirm that all details furnished above are true and correct. I understand and agree to abide by the terms and conditions applicable for the revised limit as per the bank's policy.

Signature of Account Holder: _____
Name: _____ Date: _____

For Branch Use Only (To be filled by bank staff)
-Verification Status

-Documents Verified: ☐ Done
-Account History reviewed: ☐ Done
- Request Received By: _____ (Name & Emp. Code)
- Date & Time: _____
- KYC Verification: ☐ Done
- Recommended New Limit: ₹_____
- Branch Manager Approval: ☐ Approved ☐ Rejected
- We confirm that the account is kyc compliant and the transactions are as per the income criteria of the customer.

Signature & Stamp: _____