



ACCOUNT CLOSURE/ FD PREMATURE WITHDRAWAL FORM

A/c No:	<input type="text"/>	CIF ID:	<input type="text"/>
Name:	<input type="text"/>	Date:	<input type="text"/>

Account closure

Reason for account closure	Payment details for balance in account

I hereby submit following documents related to my account:

1. ATM/ Debit Card <input type="checkbox"/>	4. Depository account details <input type="checkbox"/>
2. Unused Cheque leaves <input type="checkbox"/>	5. Safe Deposit Locker details <input type="checkbox"/>
3. Resolution for closure (In case of Ltd./ Pvt. Companies) <input type="checkbox"/>	6. Cheques under collection, if any <input type="checkbox"/>

FD Premature Withdrawal:

FD No.

Maturity Proceeds: Credit to IndusInd Bank Account
 Other _____ NEFT/RTGS details of other Banks

I hereby authorise IndusInd Bank to execute the above mentioned requests pertaining to my IndusInd Bank Account. I am aware of rules and regulations of the Bank with respect to eligible interest/penal interest on the deposit. I have read the Terms and Conditions pertaining to the services/ charges/ fees mentioned/ applicable above at www.IndusInd.com

Signature of 1 st holder (In case of Current Account, rubber stamp required)	Signature of 2 nd holder (In case of Current Account, rubber stamp required)
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FOR BANK USE ONLY

Branch Employee Name: _____ ECN Stamp & Signature _____

A/c Closure Request: _____ Reference No. _____

FD Closure Request: _____ Reference No. _____

Branch Seal

CUSTOMER ACKNOWLEDGEMENT

Date

Branch Employee Name: _____ ECN Stamp & Signature _____

A/c Closure Request: _____ Reference No. _____

FD Closure Request: _____ Reference No. _____

Branch Seal

For charges and fees, please refer to our schedule of charges (SOC). Terms and Conditions apply.