

Savings/Current Account Closure Form

Date: /	<u>/</u>	ount numbe	<u>er</u>										Т	
1/\\/o	confirm that all up	usad shaqu	ios is		to ~	20/11	- h	23.40	hoor					
enclosed	I/We confirm that all unused cheques issued to me/us have been enclosed/destroyed by me/us. No. from to I/We also authorize the bank to destroy all the													
unutilised cheques if any in the system.														
	enclosing /destroying the ATM/Debit card issued to	me /us.												
No.1														
Reason fo	or closure of Account													
Sr no.		Please Select												
1	Deficiency in Branch services													
2	Monthly/Quarterly/Half yearly changes on higher	side												
3	Shifted to other location where there is no Axis Bank													
4	Monthly/Quarterly/Half yearly balance on higher side													
5	Dissatisfied with the present product offering													
6	Moving to other bank-Foreign/Private Bank													
7	Moving to other bank- Nationalise/Co-operative Bank													
8	Opening the account in some difference scheme code							_						
9	Deceased case/Change in constitution /legal case							_						
	10 Other relationship with the banks are closed													
	may contact you for further discussion at your regis									cess	5 W	/ill k	эе	
initiated.	In case you would like to be contacted at an alternat	e number, p	pleas	e pro	vide	the	de	tails	;.					
Mobilo N	o Landline No. (with S	TD codo)												
MODIIE IA	o Landine No. (with 3)	ID code)												
	DESIRED MODE OF RECEIPT O	F THE BAL	LANC	CE AN	10L	JNT								
Please sele	ect the desired mode of remittance for receiving a clo	ser procedu	ure.											
NEFT/R	RTGS Account Type: Saving Account [☐ Current	Acco	unt										
Bank De	etails: Bank Name													
Other Bank Account No: IFSC Code: IFSC Code:														
Reconfirm Bank Account No:														
														٦
Name of	the Account holder:													_
2. To Anoth	her Axis Bank Account:													
By Dem	and Draft (Will be delivered only at the mailing add	ress and ca	anno	t be r	nade	e to t	hi	rd p	arty	acco	ur	nts)		
nclosure:	Branch to tally name, account number and if	sc code me	n tio	ned (on tl	ne ch	nec	י פוור	with	the	de	tail	S	
	mentioned on the request.							1	•				-	
	Cancelled cheque copy to be attached along	with the re	eque	st if t	he c	losui	re	prod	ceeds	are	ř			
	>₹25000.		•					•						

Declaration: -

- The fund transfer will be governed by the Terms and Conditions given on our website www.Axisbank.com
- I/We understand that as per RBI Circular dated October 14,2010 transfer of funds through electronic mode will be executed only on the basis of the account number of then beneficiary provided while initiating the transaction. Details will be considered basis cheque copy/passbook or statement provided along with the closure form.
- I understand that this facility is available only at select location and banks covered under Electronic Funds Transfer Facility o ered by RBI.
- I/We declare that above details are true and correct and the account is in my/our name.
- DD /PO will be issued if mode of remittance is not selected.

Our following standing instruction may be dealt with as per the instruction written there against

Sr No	Particular o	of Standing Instruction	To be dealt with (Cancel/Transfer to account no					
Names and	Signature of all applicar	nts: in case of more sign	natories please use additional form					
Cr	No	Name	Signature					
Sr No Name Authorised Signatory			Signature					
Authorised Signatory								
Authorised	Signatory							
		BANK	USE ONLY					
Date of Acc	ount Opening							
CVS	(Circle t	he option to select)						
Branch Head Name:								
Branch Head Employee No Branch Sol id								
Branch He	ad Signature							
	as been destroyed							
ATM Card [Y N N						
	que leave destroyed ompany account necess		otained Y N					
Following ha	ave been delinked from	the account						
Standing Ins	truction No	Osc No	Locker NoDemat Account No					
Approval e Branch He Circle Hea Product He	d 🗆	al /charge reversal	Certified that this Request letter is complete in all aspect & all relevant documents are obtained &verified Mode of Operation and signature of the A/c. The request may please be processed					
			Signature Designation Operation Head □ Branch Head □ S.S No					
Signature \			Employee No					
	(Name of the	· · · · ·						

Acknowledgment

We acknowledge receipt of Saving/Current account closure form by you in favour of Name of account holder:

Account No.:

Branch stamp and sign

Date of Receipt