

ACCOUNT CLOSURE REQUEST



Please fill in Black Ink and in CAPITAL LETTERS
All fields marked "*" are MANDATORY

Date
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CUSTOMER DETAILS

*Customer ID *Account Number#
*Customer Name
*Purpose of closure

#Company accounts should be accompanied by a Board Resolution.

DESIRED MODE OF RECEIPT* OF THE BALANCE AMOUNT

Please fill in the details for any of the options given below, as applicable, and strike out the rest
Notes: All linkages to the above account will also be closed.

To another bank account by electronic transfer
Other bank account No
Reconfirm Account No
Name of account holder
Account Type Savings Account Current Account
Bank Name
Branch/City IFSC Code
 By Demand Draft (Will be delivered only at the mailing address and cannot be made to third party accounts)
 To another IDFC account in India
IDFC Account City
Name of account holder
 By Cash (As per current Income Tax rules, if the account balance at the time of account closure exceeds ₹. 20,000/- the payment will not be made through cash)

DECLARATION & SIGNATURE(S)

I/We understand, agree and acknowledge that IDFC FIRST Bank shall act solely on the basis of my/our instructions without any responsibility and liability upon the Bank.

I/We further declare that I/We have already destroyed all cheque leaves and related card pertaining to above account.

It is my/our responsibility that all the ECS / Auto debit mandates linked to this account are amended.

All Account Holders to sign

<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature	Signature	Signature
<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of First Account Holder/ Authorised Signatory	Name of Second Account Holder/ Authorised Signatory	Name of Third Account Holder/ Authorised Signatory

FOR BANK USE ONLY

Service Request No.
Employee ID
Name of the Branch Official
Sourcing Branch Code

Signature of the Branch Official

CB-BB/01/01-2019/0