Account Closure Request

DCB BANK

The Branch Head
DCB Bank Limited

Date: D D M M Y Y Y Y

Branch

☐ I/We would like to close my/our account(s).

Customer Name(s): ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Prof. ☐ Capt

(First Name) (Middle Name) (Last Name)

Joint Applicant 1: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Prof. ☐ Capt

(First Name) (Middle Name) (Last Name)

Joint Applicant 2: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Prof. ☐ Capt

(First Name) (Middle Name) (Last Name)

*My / Our Account No.:

*My / Our Customer ID:

Note** – In case of *PayLess** Account ONLY the account will be closed and not the linked Fixed Deposit(s). Kindly "Tick" on the below option to close both

Closure Account Type: ☐ DCB Savings Account ☐ DCB Current Account ☐ DCB Term Deposit ☐ DCB *Pay***Less** Account

1. ☐ **Along with the closure of the above mentioned account, please close the following Fixed Deposit(s) ("FD") linked to it (ONLY in case of *Pay*Less account)**

Linked FD (select the FD that needs to be closed)

☐ Fixed Deposit Account Number Amount: ₹

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Total cumulative amount in words: ₹

2. ☐ **Balance Amount(s) along with Interest, if any, to be given to customer:**

Payment by ☐ Cash Cash Withdrawal Date: D D M M Y Y Y Y

☐ Pay Order ☐ Credit to Account No.

Name of Account Holder

Bank Name Branch

3. ☐ **Cheque Book** ☐ Enclosed all unused cheque book(s) issued ☐ Destroyed all the unused cheque book(s) ☐ Do not have any unused cheque book(s)

4. ☐ **ATM / Debit / *Pay*Less Card** ☐ Enclosed the ATM / Debit / *Pay***Less** Card(s) issued ☐ Destroyed the ATM / Debit / *Pay***Less** Card(s) issued

☐ Do not have any ATM / Debit / *Pay***Less** Card(s)

DCB 24-Hour Customer Care

Call Toll Free: 1800 209 5363
Email: customercare@dcbbank.com
Web: www.dcbbank.com

DCB BANK

5. **Demat Account** ☐ Delink Demat Account

6. ☐ **Reason for Closure of Account(s)** ☐ Moving Residence ☐ Moving City ☐ Unhappy with service ☐ Unhappy with products

Comments

Terms & Conditions

I/We agree that outstanding balance in the Account (Only in case of *Pay***Less** Account) will be regularized with applicable closure charges by appropriating the proceeds from the FD Account(s) indicated above, post liquidation along with applicable closure charges and other unpaid Bank charges if any. I / We am / are agreeable to the Bank deducting the account closure charges as well as other unpaid bank charges, if any, from the proceeds of the account(s). I/We confirm to have read and understood the terms & conditions pertaining to my/our account. I/We have read and understood the Terms & conditions relating to various services. I/We am/are aware of charges applicable for various services offered and I/we accept and agree to be bound by the said terms & conditions. The terms and conditions for these services are available on the Bank's website www.dcbbank.com. I/We further authorize the Bank to debit my/our Account(s) towards any applicable charges for any / various service / services provided as applicable from time to time.

I/We confirm that all the details provided on this form are correct.

Date: D D M M Y Y Y Y

Name: Customer Signature

Joint Applicant 1 Name: Joint Applicant 1 Signature

Joint Applicant 2 Name: Joint Applicant 2 Signature

For Bank Use Only

Customer request acted upon on D D M M Y Y Y Y / forwarded to

On D D M M Y Y Y Y Relevant charges debited ₹

☐ I confirm that the account status is active and signature of the customer(s) matches with our records.

I have verified the ☐ Current Address ☐ Mobile Number ☐ Email address of the customer and confirm it to be right as per our records.

Name of the Branch Official:

Amount Collected: ☐ Cash ☐ Debit from Account No.

Relevant Charges Paid: ☐ Cash ☐ DD ☐ Credited to Account No.

☐ Signature verified ☐ Cheque Book(s) Destroyed, if any ☐ Debit Card / *Pay***Less** Card / ATM Card - destroyed / delinked

Name of the Official Processing Request:

Signature of the Branch Official

Acknowledgement

We acknowledge receipt of 'Account Closure Form' from

(customer Name(s))

on D D M M Y Y Y Y

for Account No.(s)

Name of Branch Official Acknowledging Request:

(Signature of Branch Official)