ACCOUNT CLOSURE REQUEST

IDFC FIRST Bank

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

Date D D M M Y Y Y Y

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

Signature	Signature	Signature
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

A4 Size