

Closure of Savings / Current / Investment Account

(Please fill in Capital Letters only)

			Siebel Request No.	
For Bank Use:				
Customer Account Type:				
☐ Wealth	☐ Privy	Resident Individual	☐ Non Individual	☐ Non Resident Individual
1/\/\/o				Date
l/We , ,				
hereby request you to clos	e my / our Account	Number		
	e my / our Account			
located at		Diane	ch and pay the balance as follo	ows.
Credit to my/our othe	er account number		(Kotak Bank Accour	nt only)
RTGS / NEFT	F			
Beneficiary A/c No.				
Beneficiary Name				
Beneficiary Bank Name				
Beneficiary Branch Name				
Beneficiary Bank IFSC Cod	, l	Pon	eficiary Bank A/c. Type	1
beneficiary bank irac coo		Bell	enciary Bank A/c. Type	
	I /We declare	that above details are true and correct a		ame
Debit Card(s)		Destroyed Er	nclosed	
Unused Cheque(s)		Н	H	
	I not be honoured a	fter the account is closed and the Bank w	ill not he liable / responsible fo	or the return / dishonour of the same
,				,
		s. 3000 (Mandatory if the Demat Accoun yments on our TERM DEPOSITS, please		, 1884.11,
Credit to my/our othe	er account number		(Kotak Bank Accour	nt only)
☐ RTGS / NEFT				
Beneficiary A/c No.				
Beneficiary Name				
Beneficiary Bank Name				
-				
Beneficiary Branch Name				
Beneficiary Bank IFSC Cod	le	Ben	eficiary Bank A/c. Type	
	☐ I /We declare	that above details are true and correct a	nd the account is in my/our na	ame
ActivMoney				
2 Way Sweep	Delin	k (operate as a standalone)	Liquidate	
Term Deposit		<u> </u>	☐ All	
Credit to my/our othe	er account number		(Kotak Bank Accour	nt only)
☐ RTGS / NEFT		F	-	
Beneficiary A/c No.				
• •				
Beneficiary Name				
Beneficiary Bank Name				
Beneficiary Branch Name				
	1			li li
Beneficiary Bank IFSC Cod	de	Ben	eficiary Bank A/c. Type	

Investment Account Close the following Accounts			
Ī			
Lockers (if applicable) Locker No			•
_ ` ` `	jes to my/our new Kotak Account		
Please delink all other linkages as well.		1	
The reason I / We wish to close my/our acco	ount <i>(Please give a brief indicatio</i>	n of the reason for closure)	Reason Code
, , , , , , , , , , , , , , , , , , , ,		,	
Signature(s) (Guardian in case of Minor)			
1st Account Holder	2nd Account Holder	3rd Account Holder	4th Account Holder
(For Non-Individual customers, signatures as per MOP r	equired. For Individual customers, all the	account holders need to sign)	
(For Non-individual customers, signatures as per MOF r	equired. For individual customers, all the	account holders need to sign.)	
 Phone Banking PIN, Net Banking PIN and any other account in addition to the accounts such accounts held by the customer a For Bank Use only Branch use section 	unt being closed, he/she need not	t surrender/destroy the PINs, Debit Card a CPC / RPC use section	
(For all applicants)	Yes N.A.	(For all applicants)	Yes N.A.
Cheque book collected/destroyed		OD Limit zeroised	
Debit card collected/destroyed Locker surrendered		Demat account closed Memos checked and actioned	
Attrition Control Form attached		Account in TOD: 009 (To Zeroise Account	nt) **
Dated DDMMYYYY		**If Yes, approval as per delegation ma	
Documents sent to RPC/CPC on DDM	MYYYY	ii res, approvar as per delegation ma	trix required
Signature Verified by (Sign & Emp. Co	de)	Input	Authorizer
			1
	Acknowledg		
We acknowledge the receipt of Account Clo	sure instruction from Mr. /Mrs. /	Ms	
relating to customer relationship number		under service request number	
Date:		Official (Sign and stamp) Cotak Mahindra Bank Ltd.,	