

# DEAF Account closure form

(Depositor Education and Awareness Fund)

(All fields are mandatory)

Account number:

Date:

Name of the account holder:  Prefix  First Name  Middle Name  Last Name

## Reason for Closure of Account (please select any one reason)

- |  |  |
|--|--|
| <input type="checkbox"/> 1. Deficiency in Branch Services                          | <input type="checkbox"/> 6. Moving to other Bank- Foreign/ Private Bank          |
| <input type="checkbox"/> 2. Monthly/ Quarterly/ Half yearly charges on higher side | <input type="checkbox"/> 7. Moving to other Bank- Nationalise/ Co-operative Bank |
| <input type="checkbox"/> 3. Shifted to other location where there is No Axis Bank  | <input type="checkbox"/> 8. Opening the account in some different scheme code    |
| <input type="checkbox"/> 4. Monthly/ Quarterly/ Half yearly balance on higher side | <input type="checkbox"/> 9. Deceased case/ Change in constitution/ Legal case    |
| <input type="checkbox"/> 5. Dissatisfied with the present product offering         | <input type="checkbox"/> 10. Other relationships with the Bank are closed        |

## Desired Mode for Receipt of Closure Proceeds





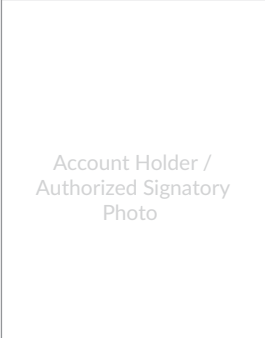
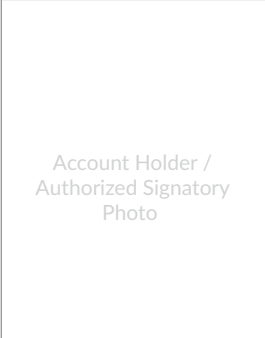


Please select desired mode of remittance for receiving closure proceeds.

1. NEFT/RTGS Account Type: A)  Resident Savings Account B) NRI:  NRE  NRO C)  Current Account
- Bank Details:
- Other Bank Account No:  IFSC Code:
- Reconfirm Bank Account No:
- Name of the Account holder:  First Name  Middle Name  Last Name
2. To Another Axis Bank Account:
3. By Demand Draft (Will be delivered only at the mailing address and cannot be made to third party accounts).

## Declaration

1. The fund transfer will be governed by the Terms and Conditions given on our website www.Axisbank.com. 2. 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. 3. I understand that this facility is available only at select location and banks covered under Electronic Funds Transfer Facility ordered by RBI. 4. I/We declare that above details are true and correct and the account is in my/our name. 5. Standing Instruction/ Demat Account/ Locker/ OSC, SB & Current A/cs, Credit Card(s), etc will be delinked from the Account 6. I/We further declare that I/We have already destroyed/authorise Axis Bank to destroy all Cheque Leafs/Books and ATM/Debit Card linked to above account. 7. Cancelled cheque copy to be attached along with the request if the closure proceeds are >₹25000. 8. If mode of remittance is not selected or Remittance through NEFT/ RTGS is returned due to any reason, then by default DD/ PO will be issued. 9. In case of company account necessary board resolution to be provided.

## Signature of All Applicants is Mandatory (in case of more signatories, please use another form)

 Signature of Account Holder/ Authorised Signatory	 Signature of Account Holder/ Authorised Signatory	 Signature of Account Holder/ Authorised Signatory	 Signature of Account Holder/ Authorised Signatory
Name <input type="text"/>	Name <input type="text"/>	Name <input type="text"/>	Name <input type="text"/>
 Account Holder / Authorized Signatory Photo	 Account Holder / Authorized Signatory Photo	 Account Holder / Authorized Signatory Photo	 Account Holder / Authorized Signatory Photo

## Bank Use Only


Approval enclosed for Lien Removal/ Charge reversal/CVS:  Branch Head  Cluster Head  Circle Head  Regional/Product Head

Certified that this closure form is complete in all aspect & all relevant documents are obtained & verified Mode of Operation and signature of the A/c. I hereby also confirm that I have conducted Enhance Due Diligence of the customer by personally visiting and verifying the address and line of activity. I have collected necessary closure form along with the relevant KYC. The above information which has been completed by me is true and correct. I take complete responsibility for the details provided above in case the same are to be submitted to investigation authorities. The request may please be processed. The branch has to follow non face to face guidelines for NRI cases wherein overseas communication address is updated and field verification, client visit to base branch is not feasible.

Operations Head  Branch Head.

EMP No.  S.S No.

Designation:

  
Signature

Name

## Acknowledgement

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

Name of the account holder  Prefix  First Name  Middle Name  Last Name

Account No.

Date of Receipt

Signature & Branch Stamp