

# Account Closure Form



Live more,  
Bank less

Date:    |    |    |

To,

DBS Bank India Limited

\_\_\_\_\_ Branch

I/We authorise you to close the account(s) and cancel standing instructions /ECS/NECS (if any)/FD repayment/Investments POA linked to my/our account(s) listed below. The balance in the account, after the recovery of any interest, tax or charges as applicable, is to be repaid to me/us as indicated below :

## ACCOUNT DETAILS

Saving Account Number : 1)             2)           3)

CIF ID :

I / We confirm having destroyed my/our Debit Card & unused cheque. No cheques have been issued by me.

## SECTION A

### i) Reason for account closure :

Moved to non-DBS bank location/inconvenient bank location

Inactive account / account not being used

Dissatisfied with account features

Resigned from corporate (salary account)

Consolidating bank accounts within DBS Bank India Limited

Customer Deceased

Unable to maintain minimum balance

Service Charges / AQB related

Specific product facility no longer required

Dissatisfied with Service (Branch / RM / Call Centre)

Location / convenience of branch / ATM not suitable

Others \_\_\_\_\_ (Please mention reason for closure)

## SECTION B# : (Select anyone of the below)

### The Balance in the account is to be repaid as follows :

1)  Transfer vide NEFT / RTGS:

Customer(s) Name :

Account Number :

Account Type :  Resident  NRE  NRO

IFSC Code :

Bank & Branch Name :

2)  Issue payorder / demand draft in favour of

3)  Transfer to my DBS Account No.

4)  Remittance : Kindly submit additional relevant forms / documents

## TERMS AND CONDITIONS

I/We agree and understand that any cheques which have not been presented, ECS and Standing Instructions in the account received by the Bank after the date of account closure will stand dishonored by the Bank and I/We agree to indemnify the Bank against any actions, proceedings, claims and/or demands that may arise due to reason of such dishonor.

I/We agree and confirm that I/We shall provide suitable amendment instructions to concerned asset management company, in case the account being closed above is a settlement account for wealth management services availed of from the Bank.

I/We agree and understand that the Bank shall have a right of set off and general lien over the amount payable to me/us after closure of the aforesaid account and the Bank shall be entitled to recover any outstanding amount including interest, charges, TDS and/or any other related charges.

I/We agree and accept that in case of my/our savings bank account/s mentioned above is/are dormant/inactive, the same will be activated to process the Account closure .

My existing savings account/s with the auto-saver facility will be closed and the relevant penal charges if any will be recovered from linked fixed deposit. (if applicable)

Signature  
(as per bank records)

Signature  
(as per bank records)

Signature  
(as per bank records)

\_\_\_\_\_  
Name of 1st Account Holder

\_\_\_\_\_  
Name of 2nd Account Holder

\_\_\_\_\_  
Name of 3rd Account Holder

## NOTE

1. All accountholders are required to sign this form and authenticate all corrections or amendments (if any) 2. A mandate holder cannot request for an account closure. 3. Account closed within six months of opening will be charged as per the charges mentioned in the tariff schedule displayed in the branches and on the website. 4. For outward remittance on NRO / NRE accounts please submit the additional remittances form. 5. For RTGS / NEFT please provide cancelled cheque. 6. Pay order / Demand Draft will be issued in all account holder name / or as per customer instruction. 7. # Third party transfer is not allowed within DBS/NEFT/RTGS/DD/PO.

## FOR BANK USE

Instruction received on          Walk In Person/Representative  Courier/Post  RM/CSM  others \_\_\_\_\_

Account closure only  Account closure & Cif Suspension (\*Check for Nil holdings)  Cheque Book / Debit card destroyed

Signed by all A/c holder(s):  Yes  No Signature(s) Verified:  Yes  No A/c Balance Negative:  Yes#  No

A/c Lien @  Yes  No Reason# @ \_\_\_\_\_

A/c Closure Charges:  less than 6 months recover charges  less than 7 days no  N.A

ATM / Debit cards: All linked if any, hotlisted :  Yes  \*No  Reason\* \_\_\_\_\_

NEFT / RTGS / PO  All existing SI delinked  Account closed  CIF Suspended

Charges recovered (INR) : \_\_\_\_\_ Balance while closure (INR) \_\_\_\_\_ Interest credited after closure (INR) : \_\_\_\_\_

Total Amt Payable (INR) : \_\_\_\_\_ TRAN ID: \_\_\_\_\_ D.D. No.: \_\_\_\_\_

A/c closure Letter Despatched :  Yes  No DD/PO :  Yes  No (If no please specify reason)

	RM	CSM	City Head /Branch Head	Branch OPS	CBO MAKER	CBO CHECKER
Name						
Sign						