Account Closure Form



	A M Y Y Y Y																			
To, DBS Bank India	Limited																			
I/We authorise	Branch you to close the account(s) ar	id cancel st	tanding i	nstruction	ns /FCS/N	IFCS (if	anv)/FD	renavn	nent/l	nvestr	ments	POA li	nked 1	o mv	/our a	CCOL	ınt(s)	listed		
below. The bal	ance in the account, after the																(=)			
ACCOUNT		1 1 1 1	1 1	1 1 1	2)	1 1		1 1	1 1	1	2\	1 1	1 1							
-	nt Number :1)				2)] (3)			_						
CIF ID	:	· · ·			, 📙	1		┙.			. [Щ.		Щ.	Ш					
		onfirm hav	-	•	-					ue. No	o che	ques h	iave b	een i	ssued	by	me.			
		Availed : Number <u>:</u>																		
		m/are awa											e linke	-d to	this :	acco	unt			
		will submi		•		-		-												
SECTION A																				
i) Reason for	account closure :																			
Moved to	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 pr		Dissatis	sfied wit	h Service	(Branch	n / RM	I / Call	Centre	5)											
Location / convenience of branch / ATM not suitable								(P	lease r	mentic	n reas	on for o	closure,	1						
	S#: (Select anyone of the below																			
and the second second	the account is to be repaider vide NEFT / RTGS:	as follows	:																	
Customer		1 1 1	1 1 1	1 1		1 1	1 1 1	1 1	1		1 1	1.1	1 1			1	1 1	1 1		
Account N		+++						Acc	ount	LL Type	:	Res	sident	_	NRI	 E		NRO		
IFSC Code	:									,,					1					
Bank & Bra	anch Name :				, 			1 1	1			1.1	1 1			1				
2) Issue i	oayorder / demand draft in f	avour of												1						
	er to my DBS Account No.	avoar or																		
	ance: Kindly submit addition	nal releva	nt forms	: / docum	nents															
	CONDITIONS	riai reievai	nt romis	or docum	icitis															
	derstand that any cheques which have											date of	account	closur	e will st	and d	ishonc	ored by		
I/We agree and co	agree to indemnify the Bank against a nfirm that I/We shall provide suitable		_				-					closed a	bove is	a settle	ement a	accour	nt for	wealth		
I/We agree and un	ces availed of from the Bank. derstand that the Bank shall have a rig				e amount p	ayable to	me/us afte	er closure	e of the	afores	aid acco	unt and	the Bar	ık shall	be enti	tled to	o recov	ver any		
-	nt including interest, charges, TDS and ept that in case of my/our savings bar			_	dormant/ir	nactive, th	e same wil	ll be acti	vated t	o proce	ess the A	ccount	closure							
My existing saving	account/s with the auto-saver facility	will be closed	and the re	elevant pena	al charges if	any will l	be recovere	ed from	linked 1	fixed de	eposit. (f applica	able)							
	Signature				Signati	uro							Si	gnat	uro					
(as per bank records)				(as		ignature r bank records)							(as per			s)				
		J								L										
Name	of 1st Account Holder	-		Name o	of 2nd Acc	ount Hol	der			-		Na	me of 3	3rd Ac	count l	Holde	r			
NOTE																				
	rs are required to sign this form and a harged as per the charges mentioned																			
	5. For RTGS / NEFT please provide cand 5 / NEFT / RTGS / DD / PO.	elled cheque.	6. Pay ord	er / Demano	d Draft will b	oe issued	in all accoι	unt holde	er nam	e / or as	s per cu	stomer i	nstructio	n. 7. #	Third p	arty t	ransfe	r is not		
FOR BANK	USE																			
 Walk In F	erson/Representative	1 1	Courier/Po	ost		l RM	1/CSM	1 1	Others	:										
												1 1								
Account	closure only Account closure	& Cif Suspe	nsion (* <i>Cl</i>	heck for Nii	holdings)	C	heque Bo	ok / Dek	oit card	d destro	oyed	No	o Locke	r linke	d to th	s acc	ount			
RM/CSM (if applicable)				Bra	s make	er				Bra	nch c	ps ch	ecke	er						
Name																				
Ivallie																				
Sign																				
											_									