## **Account Closure Request**

**DCB BANK** 

The Branch Head  DCB Bank Limited									Date:	D	D	M	M	Υ	Υ	Υ	Υ						
Branch																							
I/We would like to	close	my/ou	ır accoı	unt(s).																			
Customer Name(s):	Mr		Mrs.	Ms.		Dr.	Prof.		Capt														
(First Name)	'		'		'		(Mid	Idle Nam	e)				'		'							Last N	ame)
Joint Applicant 1:	Mr	·	Mrs.	Ms		Dr.	Prof.		Capt														
(First Name)							(Mid	ldle Nam	e)													Last N	ame)
Joint Applicant 2:	Mr	:	Mrs.	Ms.		Dr.	Prof.		Capt														
(First Name)							(Mid	Idle Nam	e)													Last N	ame)
*My / Our Account No.:									*Note - Deposit(									l be cl	osed a	nd no	t the I	inked I	Fixed
*My / Our Customer ID:																							
Closure Account Type	<b>:</b>	DCB	Savings	s Account		DCB Curi	rent Acc	ount	DCB PayLess Account														
1. Along with the (ONLY in case) Linked FD (select the FD)	se of P	ayLes	s acco	unt)	tioned a	account	, please	e close	e the fo	llowi	ng Fix	ed De	eposi	t(s) (	("FD	") lin	ıked	to it					
Fixed Deposit Ac	count N	Numbe	r									Amou	ınt: ₹										
Fixed Deposit Ac	count N	Numbe	r				Amount: ₹																
Fixed Deposit Acc																							
Fixed Deposit Ac	count N	Numbe	r									Amou	ınt:₹									ĺ	
Total cumulative amour	nt in wo	ords: ₹																					
2. Balance Am	ount(s)	) along	y with I	Interest, i	f any, to	be give	n to cu	ıstome	er:														
Payment by	Ca	ısh			Cash Wi	thdrawal I	Date:	D D	MN	ΙΥ	Y	YY	/										
Pay Order	Cre	edit to /	Account	No.																			
Name of Account Holder																							
Bank Name									Branch														
3. Cheque Book	ed	Destroyed all the unused cheque book(s)  Do not have any											ny uni	unused cheque book(s)									
4. ATM / Debit	/ PayLe	ess Ca	ırd	Enc	losed the	ATM / De	ebit / <i>Pa</i> y	/ <b>Less</b> C	ard(s) iss	sued		D	estroy	ed th	ne AT	ΓM / [	Debit	/ Pay	Less	Card	(s) iss	ued	
				Do	not have	any ATM	/ Debit /	Pay <b>Les</b>	s Card(s	)													

## **DCB 24-Hour Customer Care**

Call Toll Free: 1800 209 5363 Email: customercare@dcbbank.com Web: www.dcbbank.com

DCB BANK

5.	Dei	nat	Ac	coun	t		D	Delink Demat Account																													
6.		R	eas	on fo	re of Account(s)				5)	Moving Residence						Moving Cit					Unh			nhap	ру у	/ith s	ervic	е	Unhappy w				with	rith products			
Con	nme	nts																																			
T	err	ns (	& (	one	ditio	ons																															
I/We According closs according agre debi	agre ount( ure count. e to l t my/	ee thate s) income harged l/We be bo	at o dica es a hav ounc	utstan ed ab s well e read by th ount(s)	oove, as ot d and e said towa	balai post her u und d tern irds a	nce ir liquic npaic erstoo ns & c any ap	dation d ba od t conc oplic	on alo nk ch he Te ditions cable	ong v large erms s. Th chai	with a es, if & co ne te rges	applic any, f ondition rms a for ar	rom ons i nd c	e clos the p relatir ondit	ure claroceers roceers rg to vions f	narge ds of ariou or the	es an f the us se ese s	nd oth acco ervice ervice	ner u ount(s es. I/\ es ai	npaic s). I/W We ar re ava	d Ban Ve co m/are ailable	k cha nfirm awa on t	arges to ha re of he Ba	if any ave re charg ank's	y. I / ad a ges a web	We and ur applications site v	m / a nders able	are ag tood for v	greea the t ariou	ppropuble to serms a servicem. I	the I & cor ices	Ban nditi offe	k ded ons p red ar	uctir ertai nd I/v	ng the ining t we ac	e acco to my ccept	ount /our and
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	Ιc	onfir	m th	at the	acc	ount	statu	s is	active	e an	d sig	gnatu	re of	the o	custor	ner(s	) ma	tche	s wit	h our	reco	rds.															
I hav	e ve	rified	l the		Cu	rent	Addr	ess			М	obile	Num	ber		E	Emai	l add	Iress	of th	e cus	stome	er and	d con	firm	it to l	be ri	ght as	s per	our re	ecorc	ds.					
Nam	e of	the E	Bran	ch Of	ficial:																																
Amo	unt	Colle	cted	l:		C	ash											Debi	it fro	m Ac	coun	t No.															
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	Si	gnatu	ure \	erifie	d		С	hec	que B	ook	(s) D	estro	yed,	if any	/			Debi	it Ca	rd / <i>P</i>	Pay <b>Le</b>	ss C	ard /	ATM	Card	d - de	estro	yed /	delii	nked							
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