

## Savings/Current Account Closure Form



Date \_\_/\_\_/\_\_\_\_

Account No.

I / We \_\_\_\_\_ confirm that all unused cheques issued to me / us have been enclosed / destroyed by me / us. No. from \_\_\_\_\_ to \_\_\_\_\_. I / We also authorise the bank to destroy all the unutilised cheques, if any, in the system.

I / We are enclosing / destroying the ATM / Debit Card(s) issued to me / us.

No. 1

No. 2

Reason for closure of Account

Sr. No.	Reason	Please select
1	Deficiency in Branch services	
2	Monthly / Quarterly / Half yearly charges on higher side	
3	Shifted to other location where there is no Axis Bank branch	
4	Monthly / Quarterly / Half yearly balance on higher side	
5	Dissatisfied with the present product offering	
6	Moving to other bank – Foreign / Private Bank	
7	Moving to other bank – Nationalise / Co-operative Bank	
8	Opening the account in some different scheme code	
9	Deceased case / change in constitution / legal case	
10	Other relationship with the bank are closed	

The Bank may contact you for further discussion at your registered number post which the closure process will be initiated. In case you would like to be contacted at an alternate number, please provide the details.

Mobile No.: \_\_\_\_\_ Landline No. (with STD code): \_\_\_\_\_

**Pay the proceeds by:**

DD / PO  Credit to Axis Bank Account

Our following standing instructions may be dealt with as per the instructions written there against:

Sr. No.	Particular of Standing Instruction	To be dealt with (Cancel / Transfer to account N o.)

**Names and Signature of all applicants:** in case of more signatories please use an additional form

Sr. No.	Name	Signature

### BANK USE ONLY

Date of Account Opening: \_\_\_\_\_

CVS:  1  2  3  4  5  NA (Circle the option to select)  
 Branch Head Name: \_\_\_\_\_  
 Branch Head Employee No.: \_\_\_\_\_ Branch SOL ID: \_\_\_\_\_ Branch Head Signature: \_\_\_\_\_

Following have been destroyed:

ATM card destroyed Y  N   
 Unused cheque leaves destroyed Y  N

In case of company account necessary board resolution obtained. Y  N

Following have been delinked from the account

Standing Instruction No. \_\_\_\_\_ Osc No. \_\_\_\_\_ Locker No. \_\_\_\_\_ Demat Account No. \_\_\_\_\_

Approval enclosed for lien removal / charge reversal

Branch Head   
 Circle Head   
 Product Head

Certified that this Request Letter is complete in all respect & all relevant documents are obtained & verified Mode of operation and signatures of the A/c. The request may please be processed.

Signature: \_\_\_\_\_ Designation: \_\_\_\_\_  
 Operations Head  Branch Head  S.S No: \_\_\_\_\_

Signature verified \_\_\_\_\_ Employee No. \_\_\_\_\_  
 (Name of the employee)

**Acknowledgement:**

We acknowledge receipt of Savings / Current account no closure form by you in favour of

Name of account holder:

Account No.:

Branch Stamp and Sign:

Date of Receipt: