

Date: _____

The Manager
HDFC Bank Ltd
Branch: _____

Dear Sir/Madam,

Ref: Customer ID _____ / Account No. _____

A) Please tick the relevant box for which request is to be made:

- Statement of the period _____ to _____ . .
(Reason for the request _____)
- Interest Certificate CASA/FD Account number given above for the year _____ to _____
- Balance Confirmation for A/c no given above _____
- Current FD balance(s) booked under my customer id _____
- FD confirmation for FD no. _____, which I have not received by post
- Form 16A in respect of Tax deducted under my customer id for the Financial Year _____
- Signature Verification required on the enclosed forms. (Reason _____)

You are requested to:

- Kindly dispatch the document to my mailing address. **OR**
- I shall personally collect the document from the Branch/handover the same to the person whose signature is attested below

Please provide mailing address

_____ Tel No. _____

Please Note:

In case the address provided does not match with the Bank's record, please provide address change request. For address change cases, customer needs to collect the documents from the branch.

I agree to the charges applicable for my above request to be debited to my account as given above.

Yours truly,

Signature of Customer/Authorized Signatory(s)

Signature of the Bearer who will collect the Documents

Acknowledgement for receipt of requested document/s:

Signature of Customer/Authorized Signatory(s) / person who is authorized by the customer to collect the same

Valued clients may please note that the delivery of the requested documents. Certificates, confirmations shall be made after business hours

B) Passbook **Issue of pass book for my account**

I / we, request you to issue a Passbook (First time/ Duplicate for Savings A/c No. _____)

I/ we understand that the facility of getting account statement has been discontinued for passbook registered customer. I/ we have read and agree to be bound by the Terms & Conditions of the Savings Account

I understand that there is a charge applicable for duplicate pass book issuance which would be debited to the Account number mentioned above

Thanking you,

Yours truly,

Signature of the Account Holder

C) Premature payment of Term Deposit

Re : Prepayment of Fixed Deposit number _____

We request you to kindly close the captioned deposit account held in my/ our name with your bank and

Credit the proceeds to my /our Account No. _____ in the name(s) _____ and _____ or

Issue Manager's cheques favoring in the name of the FD deposit holder(s)

We understand that as per the bank's process the customers need to surrender the original renewed FD advice. However, we are in immediate need of the funds and hence request you to process the request for closure of the captioned account pending receipt of the renewed FD advice. I/we hereby agree and undertake that on receipt of the renewed advice already dispatched to me/us, I/we shall destroy the same at our end. This letter of request for liquidation of the above referred FD would discharge the bank of the liability on the said fixed deposits towards me/us and I / we will have no right of any claims on the bank on the said fixed deposit.

Yours faithfully,

First holder

Joint Holder

*The Interest rate applicable for premature closure will be lower of:

The base rate for the original /contracted tenure for which the deposit has been booked **OR**
The base rate applicable for the tenure for which the deposit has been in force with the Bank.

The base rate is the rate applicable to deposits of less than Rs.1 Cr as on the date of booking the deposit.

For deposits > 5 Crs, the base rate is the rate applicable for 5 Cr deposits as on the date of booking the deposit.

For such premature withdrawals, including sweep-ins and partial withdrawals, the Bank will levy a penalty of 1%, on the applicable rate.

PS: The request for premature withdrawal of the deposit (s) needs to be signed by all the deposit holders.

For Office Use only:

Address Confirmed with the system: _____

Charges collected: **Yes/No**

Reasons for not charging _____

Customer Signature Verified by:

Name _____ **Signature** _____ **Employee Code** _____ **Date** _____