HDFC BANK
We understand your world

COMBINED ACCOUNT CLOSURE FORM

Date : | D | D | M | M | Y | Y | Y | Y |

| 1. Please fill the details in CAPITAL LETTERS | 2. Please strike-off as NA for details which are not applicable |

I / We request you to close my / our Savings / Current Account

| | | | N | A | M | E | | O | F | | F | I | R | S | T | | | H | O | L | D | E | R | | | | | | | | | | | | | | |

| | | | N | A | M | E | | O | F | | S | E | C | O | N | D | | H | O | L | D | E | R | | | | | | | | | | | | | | |

| | | | N | A | M | E | | O | F | | T | H | I | R | D | | | H | O | L | D | E | R | | | | | | | | | | | | | | |

* If there are more than 3 holders then please fill up the additional form

Please tick (✔)the appropriate option/s

No.	Product	(✔)	No.	Product	(✔)	No	Product	(✔)	No.	Product	(✔)
1	Saving/Current Account		4	Trading Account		7	Locker		10	Other ECS / SI	
2	Depository Account		5	Loan		8	SI for Kids		11		
3	TPP / ISA		6	Gold Loan		9	Credit Card				

I/We am/are aware that my/our saving/current account will not get closed, in case of any of the above product/s is/are linked to my/our saving/current account and I have not submitted additional request for delinking or closing these products. Please also note that any other ECS / SI of other company linked to this account will get closed / deleted consequent to the closure. I am aware that the time lines mentioned above will be applicable only if the CASA account does not have any linkages

I/we am/are aware that the cashback amount, if applicable, accumulated on usage of HDFC Bank Debit Card can be redeemed by logging on to NetBanking or calling PhoneBanking and if I/we do not exercise the same before closing the account, which is linked with the Debit Card, all the accumulated cashback points pertaining to that Debit Card and account will lapse

Saving / Current Account

| A | C | C | O | U | N | T | | N | U | M | B | E | R |

Timelines : 4 working Days

Pay the proceeds by ☐ Cash* (only for branch closure) ☐ Manager's Cheque/ DD ☐ Credit to HDFC Bank Account

☐ Credit to Another Bank Account _____

Beneficiary Account No: _____

Beneficiary Bank Name & Branch: _____

Beneficiary IFSC Code: _____

Beneficiary Bank Address: _____

*(As per the current income tax rules, if the account balance at the time of account closure exceeds Rs. 20000/- the payment will be made only by Manager's cheque)

I/We confirm that all unused cheques issued to me/us have been enclosed / destroyed by me/us (Nos. from _____ to _____)

I/We are enclosing / destroying the ATM / Debit Card/s issued to me/us (No1_____) (No2_____)

Sr. No.	Reason (Please tick any one serial number)	Ref No.	Sr. No.	Reason (Please tick any one serial number)	Ref No.
1	Branch/ATM of other bank is suitably located	82	10	**Consolidating Bank Account within HDFC Bank** (Consolidating implies reducing multiple accounts)	66
2	Product deficiency (features not adequate, other bank's product features are superior)	67	11	**Consolidating Bank Account - other bank** (Consolidating implies reducing multiple accounts)	99
3	Specific product facility no longer required (overdraft, loan against shares etc.)	84	12	Account wrongly opened (incorrect name, branch or product type etc.)	69
4	Unhappy with service provided (service quality, staff behavior, turnaround time)	5	13	Change of status - NRI to resident (or vice-versa)	83
5	Corporate Salary Account - Employer changed	81	14	Upgradation of Bank Account	2
6	Service charges/AMB related (high AMB, high charges etc.)	11	15	Legal/Regulatory/KYC/AML (Income-Tax/KYC/AML/Court order etc.)	84,44
7	Recurring Deposit-Premature closure / Matured RD	77,78	16	Tatkal Account - Initial pay-in returned/documents insufficient	68
8	Transferred to a non-HDFC Bank branch location	4	17	Account Transferred to another HDFC Bank branch	85
9	Customer deceased		18	As Business shut down / business close	101

SECTION A: CONSOLIDATED ACCOUNT CLOSURE FORM FOR LINKED PRODUCTS

(Please tick (✓)the appropriate option/s)

I / We request you to close my / our   ☐ Depository Accounts   ☐ Investment Services Account   ☐ Trading Account

which is / are linked to my saving / current account ☐☐☐☐☐☐☐☐☐☐☐☐☐☐

HDFC Securities Trading Account   Trading account No. ☐☐☐☐☐☐☐☐☐☐☐☐   **Timelines : 6 working days**

1. I / we fully understand that by virtue of closure of the above Securities Trading Account. I am / we are also closing out the facility of e-IPO, Mutual Fund and other Investment Product, as offered by / through HDFC Securities Ltd.

2. Closure will be in accordance with the client member agreement entered in to by me/us with HDFC Securities Limited and other terms and conditions issued by HDFC Securities Ltd from time to time.

3. I / we further undertake to indemnify HDFC Securities Limited against any loss, claims, damages that may have accrued to which may arise out of or in connection with the transactions entered into or acts done or omitted prior to th termination/closure of the above trading account.

Reason for trading A/C closure: _____

Note: All linked CASA and DEMAT A/C's will be de-linked with the above closure request

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Account Closure Request form - CDSL & NSDL (for Benificiary Account Only) Timelines : 10 working days

Closure Initiated by ☐ BO ☐ DP ☐ CDSL ☐ NSDL   Br. Code ☐☐☐☐   Date ☐D ☐D ☐M ☐M ☐Y ☐Y ☐Y ☐Y

I/We the Sole Holder /Joint Holders / Guardian (in case of Minor) request you to close my / our account wiht you form the date of this application. The details of my/our account are given below.

Account Holder's Details

DP ID	☐☐☐☐☐☐☐☐	Client ID	☐☐☐☐☐☐☐☐

Name of the 1st/Sole holder ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Name of the 2nd holder ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Name of the 3rd holder ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Correspondence Address
(Mandatory for CDSL & As per Demat records)

City / Town / Village   PIN (Mandatory) ☐☐☐☐☐☐

State   Mobile No. (Mandatory) ☐☐☐☐☐☐☐☐☐☐

Reason for closing the account(Mandatory)_____

Option A	☐ There are no balances/holdings in this account

Option B

NSDL
☐ Transfer the balances / holdings in this account as per details given

☐ Transfer to any other account (Submit duly filled Delivery Instruction Slip signed by all holders).

☐ Transfer to my/our own a/c (Provide target a/c details and enclose Client Master Report of Target A/C duly stamped and signed).

CDSL
Balance remaining in the A/C (if any) to be:
☐ Partly rematerialised and partly transferred.   ☐ Rematerialised
☐ Transferred to another account (Number given below)   ☐ Not applicable

Balance present in a/c for (To be filled by DP, if applicable)
☐ Ear - marked   ☐ Pledged   ☐ Frozen.   ☐ Lock-in.
☐ Pending for Dematerialisation   ☐ Pending for Rematerialisation

Target Account Details: ☐ NSDL ☐ CDSL   DP ID ☐☐☐☐☐☐☐☐   Client ID ☐☐☐☐☐☐☐☐

Option C (For NSDL Only) ☐ Rematerialise / Reconvert (Submit duly filled Remat / Reconversion Request Form-for mutual fund units)

☐ I / We confirm to have surrendered/destroyed all unutilized delivery instruction slips   ☐ I / We confirm to have exhausted all delivery instruction slips / misplaced / not traceable

DECLARATION: In case of Account Closure due to **SHIFTING OF ACCOUNTS:**   ☐ I / We declare/confirm that all transactions are true/authentic.

1.Closure request needs to be signed by ALL the account holders. POA holder (if any) cannot sign the closure request. 2. Corrections (if any) have to be authenticated by ALL the holders. Please strike-off as "NA" for details which are not applicable 3.Closure request would be rejected in case of any outstanding charges. 4. Certified True Copy of Board resolution required in case of 'Corporate account' closure.5.Submit a duly-filled RRF if the balances are to be rematerialized. 6. Submit a duly-filled Delivery Instruction Slip [DIS] (off market instruction slip) if the balances are to be transferred to another Account. This requirement is not applicable in the case of "SHIFTING OF ACCOUNT". In case of transfer cum closure please ensure the following:a. At least one of the account holder visits the branch. b. He/she carries a valid original identity proof for verification. c. Additionally, for obtaining waiver of charges please note:i. The target account should be in same combination of names and of same type/sub type as source account ii. Submit Client Master List (in crystal format) duly stamped and signed by an official of target DP iii. For CDSL closure, Self attested Demat account holding statement is required

Signature of First/Sole Holder	Signature of Second Holder	Signature of Third Holder	For Bank Use Only: Sign of all holders are verified with Demat records.
Name: _____	Name: _____	Name: _____	

Investment Services   Time Line : 7 working days (no holding)   16 working days (with holding)

Account   ISA Account Number ☐☐☐☐☐☐☐☐☐☐☐☐

☐ I confirm that as on date, there are no unit holdings whatsoever in the said Investment Services account.

☐ I am aware that in case of holdings, my units will be traferred to offline mode for closing the liability account.

SECTION B: DE-LINKING & DE-LINKING/RE-LINKING OF OTHER PRODUCTS TO ALTERNATE SAVINGS/CURRENT ACCOUNT

I) Credit Card   Timelines : 9 working Days

Credit Card number ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

☐ Please delink my Credit Card from the existing CASA A/C

☐ Please delink my Credit Card from my existing A/C and re-link to A/C No. ☐☐☐☐☐☐☐☐☐☐☐☐☐☐

I unconditionally and irrevocably authorize HDFC Bank Ltd to debit my SB / CA account mentioned above for

Minimum amt due ☐ 5% of total outstanding including EMI or Rs 200/- whichever is higher

OR

Total amt due ☐

as indicated in my credit card monthly statement, on the payment due date.

II) DE-LINKING / RE-LINKING   Timelines : 9 working Days
                                                                                   16 working days
                                                                                   (incase ISA holdings)

I / We request you to delink following products from my A/C NO ☐☐☐☐☐☐☐☐☐☐☐☐☐☐

and re-link the same to my alternate A/C NO ☐☐☐☐☐☐☐☐☐☐☐☐☐☐

(Please mention the details of other product for Re-linking request)

Sr. No.	Description	Provide details (A/C Nos. / Card Number / Details of Standing Instruction)	TERMS & CONDITIONS
1	Loan Account 1	LOAN Account Number	As per requirement I am submitting 3 security cheque leaves duly signed from my alternate account number & SI Debit Authorisation Form for Assets
2	Loan Account 2	LOAN Account Number	
3	Gold Loan	LOAN Account Number	
4	Investment Services Account	ISA Account Number	I confirm that holding pattern in old & new bank account is same Two cancelled cheques one of the account to be delinked & one cheque of the account to be relinked should be provided along with the request
5	Depository Account (Tick the appropriate option from both A&B or only B mentioned in Terms & Conditions columm	DP ID - Client ID -	A. Mandate for receiving dividend in the Depository Account. (Incase of dividend mandate, the bank a/c should be of the 1st holder of the above mentioned demat account). B. Debit Authorization for Bank Charges and Undertaking for the payment of Interest in case of occurrence of Debit Balance
6	Trading Account	Trading Account Number	As per requirement I am submitting POA franked on DD / MM / YYYY
7	FD for Interest Payment	FD Account Number	
8	Locker for SI debit	Locker Number	
9	Kids Adv A/C for SI debit	Kids Account Number	

Terms & conditions (for Standing Instruction mandate)

1. I/We undertake to keep sufficient funds in the funding account on the date of execution of the standing instruction. The failure on part of me / us to maintain sufficient balance in the Said Account(s) shall not any way impair the right of the Bank to debit the Service Charges

2. I/We hereby authorize the Bank to debit my account & execute the standing instruction as per instruction provided above.

3. I/We authorize the bank to debit my account to debit all types of Bank Charges / commission / fees (Service Charges) payable by me / us

4. I/We understand that a maximum of 3 attempts shall be made to execute the standing instruction; after which no further action shall be taken.

5. I/We understand that the Bank will not be held responsible for execution of standing instruction/s in case of changes to the operating mandate in the future unless specifically communicated in writing by me/us.

6. The Bank shall not be obliged to provide overdraft facility on the said Account but for towards the debiting of Service Charges payable by me / us. I / We specifically agree and confirm that any matter or issue arising hereunder shall be governed by and construed exclusively in accordance with the Indian laws and shall be subject to the jurisdiction of the courts of Mumbai in India.

7. I/We confirm the following account be mandated for the purpose of receipt of dividend and other cash benefits, which I/We am/are entitled to on our holdings in demat form.

Customer Signature

_____ Signature of Sole / 1st holder	_____ Signature of Second holder	_____ Signature of Third Holder
_____ Name	_____ Name	_____ Name

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Branch Code:_____

_____
Signature & Name of the bank official

Acknowledgement for account closure   Recd by:_____

Other relationship held with HDFC bank (only if it is linked to the account)   Date:_____
(Please tick (✔)the appropriate option/s)

No.	Product	No	. Product		Product		Product
1	CASA	4	Trading Account	7	FD Interest Payment	10	Credit Card
2	Depository Account	5	Loan	8	Locker	11	Other ECS / SI
3	TPP / ISA	6	Gold Loan	9	SI for Kids		

Timelines for the above accounts to get closed _____ Days

1. Please include the details of the customer who has proposed for the closure of his/her bank account.

Vintage (no. of months)						
Profitability Band						
Balance at the time of closing (Rs.)						
AMB in previous 4 months (Rs.)	YES / NO					
AMB charges levied in the last month	YES / NO					
RTBM Customer (from 7005 screen)	YES / NO					
If the Vintage is less than 6 months - Charges recovered	YTD			3 months		
Transaction Volumes (from 7005 screen)	CD	CW	CI	CD	CW	CI
Product Holding						

2. Please note the detailed reasons stated by the customer for closure of his/her existing HDFC Bank account after discussion with him/ her.

3. Please note down the defense put forth to the customer for retaining the account. (for closures with reason codes in Sr. No. 1 to 7 only)

If the customer opts to retain his/her account with us, please obtain his/her signature below and retain the form for future use.
Customer Declaration
I/We confirm that I wish to retain my account with the bank

_____   _____
                    Full Name   Signature

Checklist

☐ ATM Card received at the branch and destroyed
        (no.1_____)
        (no.2_____)

☐ Cheque leaves received at the branch and destroyed
        (nos. from_____to_____)

Signatures of Bank Officials 1: _____

Signatures of Bank Officials 2: _____

☐ Standing Instructions deleted

☐ Super Saver OD limit zeroised

If paid by MC/DD No.   : _____ Dated _____
Balance in a/c   : _____
Service charges, if any Rs._____ ☐ recovered ☐ waived off (Approval grid reference number_____ in case waived off)
Amount paid   : _____

Branch Use section	CPU Use Section
Date of Receipt DD /MM /YYYY Branch Code _____	Date of Receipt at Central Desk ☐☐☐☐☐☐
Signature Verified by Name & Signature: _____	Signature Verified by Name & Signature:_____
Employee Code : ☐☐☐☐☐ Approval_____ Name / Signature of Branch Manager	Employee Code : ☐☐☐☐☐☐
Processed / __DD /MM /YYYY__ POD No for rejection letter send on __DD /MM /YYYY__	

HDFC Bank is just a call away – Call PhoneBanking for any enquiries/complaints			
Delhi & NCR	011 61606161	Chandigarh	0172 6160616
Ahmedabad	079 61606161	Jaipur	0141 6160616
Bengaluru	080 61606161	Chennai	044 61606161
Cochin	0484 6160616	Hyderabad	040 61606161
Indore	0731 6160616	Lucknow	0522 6160616
Mumbai	022 61606161	Kolkata	033 61606161
Pune	020 61606161		

Andhra Pradesh, Assam, Gujarat, Haryana, Karnataka, Kerala, MP / Chhatisgarh, Maharashtra (except Mumbai & Pune) / Goa, Orissa, Punjab, Rajasthan, Tamil Nadu / Pondicherry, UP / Uttarakand, Bihar/Jharkhand, West Bengal / Sikkim, J & K / HP, Meghalaya/Tripura, Arunachal Pradesh, Nagaland/Mizoram / Dadra & Nagar Haveli / Manam & Diu / Lakshadeep / Telangana : **1860 267 6161**

91962/15.02.2021