

# APPENDIX: (IX) - III

## COMMON INSTRUCTION FORM FOR LOCKER

**Branch Code:**      
**Locker No.:**      
**Date:**          
☐ Tick if applicable

### Change in Mode of Operation

I / We confirm that, revised mode of operation for above mentioned locker needs to be changed as below.

☐ Jointly




☐ Either or Survivor

☐ Anyone or Survivor

☐ Tick if applicable

### Name Addition Request (in Existing Locker)

**Mention details of the Hirer(s) to be added (Existing holders details not required)**




	I	II	III
Cust. ID:*	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Name:*	<input type="text"/>	<input type="text"/>	<input type="text"/>
Revised MOP*	<input type="checkbox"/> Jointly <input type="checkbox"/> Either or Survivor <input type="checkbox"/> Anyone or Survivor		
Signature:*			

Note: For new to bank customer, customer ID creation process to be followed. Revised Locker Agreement to be obtained with this request.

☐ Tick if applicable

### Name Deletion Request (in Existing Locker)

**Mention details of the Hirer(s) to be deleted (Existing holders details not required)**

	I	II	III
Cust. ID:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Name:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Revised MOP	<input type="checkbox"/> Singly <input type="checkbox"/> Jointly <input type="checkbox"/> Either or Survivor <input type="checkbox"/> Anyone or Survivor		
Signature:			

Note: In case of name deletion, primary holder will not be deleted except deceased case. Revised Locker Agreement to be obtained with this request.

☐ Tick if applicable

### Change in Rent Recovery Account

New Rent Recovery Account Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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Note: Account should be held in the name of atleast any one of the Locker hirer/s

☐ Tick if applicable

### Locker Surrender / Close Request

I/We request to surrender the locker as per details mentioned and delink the account from recovery of locker rent. Lien marked in below fixed deposits towards locker charges shall also be removed.

Removal of FD Lien Mark against Locker

Sr. No.	FD Number	Sr. No.	FD Number
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

### Customer Signature



Name: \_\_\_\_\_

Note: to be signed by all existing locker holders



Name: \_\_\_\_\_



Name: \_\_\_\_\_

☐ Tick if applicable

## FD lien Removal For Lockers(Customer Letter For Lien Removal)

I/We hereby authorise HDFC Bank(' the Bank) to remove existing lien (against the locker) on the fixed deposit . Please mention the existing fixed deposit amount number/s in the table below.

Sr. No.	FD Number	Sr. No.	FD Number
	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>

\*Atleast one of the Fixed Deposit holder/s should be an applicant/ hirer in the Locker against which the lien is been marked.







Name: \_\_\_\_\_ Name: \_\_\_\_\_ Name: \_\_\_\_\_

\*To be signed by all holders of Fixed Deposit

**Note - Request letter signed by all holders of fixed deposit to be obtained.**

### Bank Use Only (Mandatory fields to be filled by bank officials)

\*Locker Series.:

\*SDB No.:

Customer signed in my presence and Signature(s) Verified by:		Authorised By:	
Name, Signature & Emp. Code of Locker Custodian		Name, Signature & Emp. Code of Branch Manager/Backup	