

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

- | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>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.</p> | <p>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.</p> <p>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.</p> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

Reason for trading A/C closure: _____

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

Closure Initiated by BO DP CDSL NSDL Br. Code Date

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

Account Holder's Details

DP ID	<input type="checkbox"/>	Client ID	<input type="checkbox"/>
Name of the 1st/Sole holder	<input type="text"/>		
Name of the 2nd holder	<input type="text"/>		
Name of the 3rd holder	<input type="text"/>		
Correspondence Address <small>(Mandatory for CDSL & As per Demat records)</small>	<input type="text"/>		
City / Town / Village	<input type="text"/>	PIN (Mandatory)	<input type="text"/>
State	<input type="text"/>	Mobile No. (Mandatory)	<input type="text"/>

Reason for closing the account(Mandatory) _____

Option A	<input type="checkbox"/> There are no balances/holdings in this account		
Option B	NSDL	<input type="checkbox"/> Transfer the balances / holdings in this account as per details given	<input type="checkbox"/> Transfer to any other account (Submit duly filled Delivery Instruction Slip signed by all holders). <input type="checkbox"/> 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:	<input type="checkbox"/> Partly rematerialised and partly transferred. <input type="checkbox"/> Rematerialised <input type="checkbox"/> Transferred to another account (Number given below) <input type="checkbox"/> Not applicable
		Balance present in a/c for (To be filled by DP, if applicable)	<input type="checkbox"/> Ear - marked <input type="checkbox"/> Pledged <input type="checkbox"/> Frozen. <input type="checkbox"/> Lock-in. <input type="checkbox"/> Pending for Dematerialisation <input type="checkbox"/> Pending for Rematerialisation
Target Account Details: <input type="checkbox"/> NSDL <input type="checkbox"/> CDSL DP ID <input type="checkbox"/> Client ID <input type="checkbox"/>			

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

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

16 working days
(incase ISA holdings)

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 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
5	Depository Account (Tick the appropriate option from both A&B or only B mentioned in Terms & Conditions column)	DP ID - Client ID -	
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	Alternate account number is mandatory for delinking
9	Kids Adv A/C for SI debit	Kids Account Number	

Terms & conditions (for Standing Instruction mandate)

- 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
- I/We hereby authorize the Bank to debit my account & execute the standing instruction as per instruction provided above.
- I/We authorize the bank to debit my account to debit all types of Bank Charges / commission / fees (Service Charges) payable by me / us
- 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.
- 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.
- 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.
- 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



We understand your world

Branch Code: _____

Signature & Name of the bank official

Acknowledgement for account closure

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

Recd by: _____

Date: _____

No.	Product	No.	Product	No.	Product	No.	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

TO BE FILLED IN BY A BANK OFFICIAL

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 between 15 days and 1 year – Charges recovered	YES / NO					
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

<input type="checkbox"/> ATM Card received at the branch and destroyed (no.1 _____) (no.2 _____)	<input type="checkbox"/> Cheque leaves received at the branch and destroyed (nos. from _____ to _____)
Signatures of Bank Officials 1: _____	
Signatures of Bank Officials 2: _____	
<input type="checkbox"/> Standing Instructions deleted	<input type="checkbox"/> 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 <u>DD /MM /YYYY</u> Branch Code _____ Signature Verified by Name & Signature: _____ Employee Code : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Approval _____ <small style="margin-left: 200px;">Name / Signature of Branch Manager</small> Processed / <u>DD /MM /YYYY</u> POD No for rejection letter send on <u>DD /MM /YYYY</u>	Date of Receipt at Central Desk <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Signature Verified by Name & Signature: _____ Employee Code : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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 / Uttarakhand, Bihar/Jharkhand, West Bengal / Sikkim, J & K / HP, Meghalaya/Tripura, Arunachal Pradesh, Nagaland/Mizoram / Dadra & Nagar Haveli / Manam & Diu / Lakshadweep / Telangana : **1860 267 6161**