

CLOSURE OF ACCOUNT APPLICATION FORM

REPAYMENT OF FIXED DEPOSIT APPLICATION FORM

Account/ Personal Details	Membership ID No.			
	Account No.			
	Full name			
	Father's Name			
	Address:			
Daily./	Address			
Daily/ Monthly Account	Address:			
	Please close my/our d.d.s/monthly/savings account held by me/us and pay the balance in the account by:			
	Cash Manager's Cheque Bank Account Transfer Membership: I/We am/are enclosing the Share(s) issued to me/us. I/We confirm, that my/our Share(s) has/have been destroyed by me/us.			
	I/We confirm that I/we do not have any Share(s) with me/us.			
	Passbook : I/We am/are enclosing the Passbook(s) issued to me/us.			
	I/We confirm, that my/our Passbook(s) has/have been destroyed by me/us.			
	I/We confirm, that the Passbook(s) has/have not been issued to me/us.			
Fixed Deposit	Please repay my/our Simple/Reinvestment/Fixed deposit account held by me/us for Rsby : Cash*			
	Manager's Cheque			
	Credit to my/our saving's account number			
	Account Name			
	IFSCBranch			

Note: Repayment of deposits exceeding Rs. 20,000/- will be made by Manager's cheques, provided the maximum deposit with the bank does not exceed Rs. 20,000/- and as per current Income Tax rules.

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Reasons	Unhappy with interest rates.			
	Moving residence, no branch near residence/office.			
	Moving from the city, no convenient branch in new city .			
	Kindly give us your new address :			
	Unhappy with service (please spec	ify)		
	Unhappy with products (please sp	ecify)		
	Comments			
	1st Applicant Signature			
	2nd Applicant Signature			
	3rd Applicant Signature			
	Date			
For Office Use Only	Branch		Date	
	Membership Destroyed/Not issued	Passbook Destroyed/Not issued		
	Balance in a/c	Service Charges (if any %)	
	Disbursed by			
	Cash			
	Manager's Cheque No	Dated		
	Phonebanking Delinked	Yes No		
	Super Saver OD limit zeroised	Yes No		
	Super Surer SD mint Zeroiseu			
		_		
	Signature Verified	Approval	(Branch manager)	