AXIS BANK Savings/Current Account Closure Form Account No. Date __/__/___ _ confirm that all unused cheques issued to me / us have been enclosed / I / We destroyed by me / us. No. from _ _. I / We also authorise the bank to destroy all the unutilised cheques, if any, in the system. I / We are enclosing / destroying the ATM / Debit Card(s) issued to me / us. No. 2 Reason for closure of Account Sr. No. Reason Please select 1 Deficiency in Branch services 2 Monthly / Quarterly / Half yearly charges on higher side 3 Shifted to other location where there is no Axis Bank branch Monthly / Quarterly / Half yearly balance on higher side 4 5 Dissatisfied with the present product offering Moving to other bank - Foreign / Private Bank 6 7 Moving to other bank - Nationalise / Co-operative Bank 8 Opening the account in some different scheme code 9 Deceased case / change in constitution / legal case 10 Other relationship with the bank are dosed 11 Credit Discipline - CC/OD/Loans with other Bank/s The Bank may contact you for further discussion at your registered number post which the closure process will be initiated. In case you would like to be contacted at an alternate number, please provide the details. Mobile No.: Landline No. (with STD code):_ Pay the proceeds by: DD / PO Credit to Axis Bank Account Our following standing instructions may be dealt with as per the instructions written there against: Sr. No. Particular of Standing Instruction To be dealt with (Cancel / Transfer to account N o.) Names and Signature of all applicants: in case of more signatories please use an additional form Sr. No. Signature **Authorised Signatory Authorised Signatory Authorised Signatory** BANK USE ONLY Date of Account Opening: CVS: 12345NA (Circle the option to select) Branch Head Name: Branch Head Employee No.: Branch SOL ID: Branch Head Signature: Following have been destroyed: ATM card destroyed Ν Unused cheque leaves destroyed Ν In case of company account necessary board resolution obtained. Following have been delinked from the account Standing Instruction No. Demat Account No. Certified that this Request Letter is complete in all respect & all relevant Approval enclosed for lien removal / charge reversal documents are obtained & verified Mode of operation and signatures of Branch Head the A/c. The request may please be processed. Circle Head Product Head Designation: Signature: Operations Head Branch Head S.S No: Signature verified Employee No. (Name of the employee) Acknowledgement: We acknowledge receipt of Savings / Current account no closure form by you in favour of Name of account holder: Account No.: Branch Stamp and Sign: Date of Receipt: