

## SAVINGS/CURRENT ACCOUNT CLOSURE FORM

Date

Account No.

**I/We request you to:**

Close my/our Saving/Current account/s held by me/us

**Pay the proceeds by:**

Cash\*  Manager's cheque/DD  Credit to account \_\_\_\_\_

\*(As per 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

(No.1 \_\_\_\_\_) (No.2 \_\_\_\_\_)

**Full Names & Signatures of All Applicants (in case of more applicants, please use an additional form)**

Applicant 1		
Applicant 2		
Applicant 3		
Applicant 4		

**Reason for Closure of Account**

Sr.No.	Pl.tick	Reason <i>(Please select any one)</i>	Reason Code <i>(to be ticked by bank staff only)</i>	Signature
1	<input type="checkbox"/>	Branch/ATM of other bank is suitably located	10,13,14	
2	<input type="checkbox"/>	Product deficiency (features not adequate, other bank's product features are superior)	15	
3	<input type="checkbox"/>	Specific product facility no longer required (overdraft, loan against shares etc.)	20, 21	
4	<input type="checkbox"/>	Unhappy with service provided (service quality, staff behaviour, turnaround time)	5	
5	<input type="checkbox"/>	Corporate Salary Account - Employer changed	9	
6	<input type="checkbox"/>	Service charges/AQB related (high AQB, high charges etc.)	11	
7	<input type="checkbox"/>	Incorrect product assurance by bank (miscommunication)	12	
8	<input type="checkbox"/>	Transferred to a non-HDFC Bank branch location	4	
9	<input type="checkbox"/>	Upgrading/Consolidating Bank Account (Upgrading-only applicable to Current Accounts and No-frills Accounts; Consolidating implies reducing multiple accounts)	8	
10	<input type="checkbox"/>	Account wrongly opened (incorrect name, branch or product type etc.)	69	
11	<input type="checkbox"/>	Change of status - NRI to resident (or vice-versa)	6	
12	<input type="checkbox"/>	Legal/Regulatory/KYC/AML (Income-Tax/KYC/AML/Court order etc.)	1, 39, 40, 44, 47, 48	
13	<input type="checkbox"/>	Customer deceased	2	
14	<input type="checkbox"/>	Tatkal Account - Initial pay-in returned/documents insufficient	68	

**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)						
Balance at the time of closing (Rs.)						
AQB in previous 4 quarters (Rs.)						
AQB charges levied in the last quarter	YES / NO					
RTBM Customer (from 7005 screen)	YES / NO					
Transaction Volumes (from 7005 screen)	YTD			3 months		
	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, if any, destroyed (no.1 _____ ) (no.2 _____ )	<input type="checkbox"/> Credit Card Auto Pay deleted
<input type="checkbox"/> Standing Instructions deleted	<input type="checkbox"/> Super Saver OD limit zeroised
<input type="checkbox"/> Demat Account, if any, delinked	<input type="checkbox"/> Cheque leaves, if any, destroyed (nos. from _____ to _____)

If paid by MC/DD No. : \_\_\_\_\_ Dated \_\_\_\_\_

Balance in a/c : \_\_\_\_\_

Service charges, if any : \_\_\_\_\_

Amount paid : \_\_\_\_\_

Signature verified \_\_\_\_\_  
(Personal Banker)

Approval \_\_\_\_\_  
(Branch Manager)