**Request for Closure of Savings Bank Account**

DATE: DD/MM/YYYY

Please close Savings Account/s Entire Relationship

My account details are given below:

Custid (Main applicant): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Account Holder Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Joint Holders Name (if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Account No. | Currency of the Account |
|   |   |
|   |   |
|   |   |

E-mail address: ..................................................................................

Mobile No: ........................................................................................

**Reason for Closure of Account:**

 Returning to India Charges levied

 Account opened with another bank Others...................................................................................

**Instructions for Account Closure:**

Please make payment of the balance amount by:

(Please select any one of the below 2 options)

1. Transfer to my/our ICICI Gift City Account:

|  |
| --- |
| Beneficiary Details |
| Beneficiary Name\* |   |
| Beneficiary Account Number |   |
| Currency |  |

1. Transfer to my/our other Bank Account:

|  |
| --- |
| Beneficiary Details |
| Beneficiary Name\* |   |
| Beneficiary Account Number |   |
| Complete Beneficiary Address\* |   |
|
| Name of Bank & Branch Address |   | Swift Code\* |   |
|
| Transit Code/Branch Code(\* for remittance to Canada) |   | IFSC Code(\* for remittance to Non-ICICI Bank A/c in India in INR) |   |
| Correspondent Bank Details |
| Beneficiary Bank's Correspondent Bank Name |   |
| Correspondent Bank Account Number (Beneficiary Bank Account No. with Correspondent Bank) |   |
| Swift Code |   | Chip UID No |   |
| Fed routing number |   | Sort Code |   |

**I understand that at the time of account closure:**

• Access to all channels linked to this account will be disabled.

• All the Standing Instructions in this account will be cancelled.

• I/We have surrendered/destroyed Debit Card associated with this account. All Debit Card/s linked to this account will be cancelled.

• Closure proceeds can be transferred only in the name of the account holder/s. The account should be held in the same name as the deposit. Third party transfer is not permitted.

• The Outward remittance issued for closure proceeds shall be the amount that is left over after deduction of account closure charges and any other charges as applicable.

• For Dormant/Inactive accounts: In case my savings bank account/s mentioned above is/are dormant/inactive, procedure for activating the account will be completed, followed by the process for Account Closure.

• Signatures of all account holders are mandatory for account closure irrespective of the mode of operation.

|  |  |  |  |
| --- | --- | --- | --- |
| **Signatures as per Bank records** | **Primary Account Holder** | **Joint Account Holder 1** | **Joint Account Holder 2** |
|  |  |  |

Employee Number of Branch Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Branch SOL ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Branch Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_