

HUTATMA SAHAKARI BANK LTD, WALWA

हुतात्मा सहकारी बँक लि , वाळवा

SAVINGS/CURRENT ACCOUNT CLOSURE FORM

All fields are mandatory																						
*Account Number:															D	ate :			1	/ 2	20	
*Customer Name:																						
REASON FOR CLOSURE OF ACCOUNT (PLEASE SELECT ANY ONE REASON) Deficiency in Branch Services Moving to other Bank- Foreign/ Private Bank Monthly/ Quarterly/ Half yearly charges on higher side Shifted to other location where there is No Hutatma Bank Monthly/ Quarterly/ Half yearly balance on higher side Deceased case/ Change in constitution/ Legal case Dissatisfied with the present product offering Other relationships with the Bank are closed DESIRED MODE FOR RECEIPT OF CLOSURE PROCEEDS Please select desired mode of remittance for receiving closure proceeds. NEFT/RTGS Account Type: A) Resident Savings Account B) Current Account																						
Bank Details:																						
Other Bank Account No:																						
IFSC Code:													1	<u> </u>	_	_					_	
Name of the Account holde	er:												Ī									
To Another Axis Bank Acco	unt:									1								<u> </u>				
By Demand Draft (Will be o	Į.		only	v at 1	the n	naili	na a	ddre	SS C	and c	anno	ot be	ma	de t	o thi	rd pa	rtv c	ıcco	unts).		
DECLARATION 1. The fund transfer will be governed by the Terms and Conditions given on our website www.hutatmabank.com. 2. I/We understand that as per RBI Circular dated October 14,2010 transfer of funds through electronic mode will be executed only on the basis of the account number of then beneficiary provided while initiating the transaction. 3. I understand that this facility is available only at select location and banks covered under Electronic Funds Transfer Facility ordered by RBI. 4. I/We declare that above details are true and correct and the account is in my/our name. 5. Standing Instruction/ Demat Account/ Locker/OSC, SB & Current A/cs, Credit Card(s), etc will be delinked from the Account 6. I/We further declare that I/We have already destroyed/authorise Hutatma Bank to destroy all Cheque Leafs/Books and ATM/Debit Card linked to above account. SIGNATURE OF ALL APPLICANTS IS MANDATORY (IN CASE OF MORE SIGNATORIES, PLEASE USE ANOTHER FORM)																						
Signature of Account Holder/ Authorised Signatory DECLARATION Approval enclosed for Lien Regional/Product Heck & verified Mode of Operation Operations Head	ad Ce ion a	nova ertifie	I/ Cled the	harg nat th	ised s e rev nis re	que	ory al/CV st let	'S: [ter is		Bran mple	ch H	ead all c	spe	Ct &	luste all re		ıd [Aut	ure of A thorise Circl nents	ed Sign	nato ead	ry
EMP No. Designation:			S.	S No]		Si	ignatu	re/ No	ame	
ACKNOWLEDGEMENT We acknowledge receipt of Name of the account holde Account No: Date of Receipt:		ing/0	Curr	ent d		unt d	closu	re fo	rm	by yo	u in	favo	our of	f				Signa	ture &	Branc	ch St	amp