



(For Resident Individuals)

Service Request No.: []

Date: [D][D][M][M][Y][Y][Y][Y]

Customer Details

I/We hold savings account * []

(Please fill in all the details in CAPITAL LETTERS and use BLACK INK only. Fields with *(asterisk) are mandatory)

Name : Mr./Ms./Mrs./Dr.....

(Primary Applicant) : First Name Middle Name Last Name

* Mobile No. : []

Customer Declaration

I/We 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/ shall not be honoured.
• ATM/Debit Card held by me/us have been surrendered. All ATM/Debit Card(s) linked to this account will be cancelled.
• Closure proceeds will be issued after deduction of bank charges if applicable.
• It is my/our responsibility that all the ECS/Auto debit mandates linked to this account are amended.
• All unused cheque leaves are surrendered. All the used/unused/not paid/post dated cheques which are surrendered will be treated as cancelled/destroyed.
• There are no pending transaction in this account and lien is removed

Give Reason for Dormant/Inactive accounts

Instructions for Closure proceeds

Please make payment of the balance amount by (please tick any one of the following options)

- [] Demand Draft payable at
[] Send the DD to my correspondence address as per bank records.
[] I'll personally collect the DD from this branch.
[] Transfer to another Ujjivan Bank account, A/c holder name
Account no. []
[] RTGS (for amount more than Rs.2 lakhs)/NEFT : (ID proof to be submitted for this option)
Bank Name:Branch Name
IFSC/NEFT code :
A/c Holder's Name: Mr./Ms./Mrs./Dr.....
Account No. []
[] Cash (closure proceeds in cash below Rs.20,000 only): Identity Proof must be shown when the cash is collected from the Branch.

Savings Account Closure back

Customer Signature (s)

Name : *(Primary Applicant)

Name : *(Joint Applicant 1)

Name : *(Joint Applicant 2)

For Branch use only

Declaration from Branch Official - I confirm

- The details match with the Bank's records
- The applicant (s) signed in my presence and the signature (s) have been verified with the Bank records
- The account is not Inactive / Dormant / Frozen / in Debit balance
- Balance available in the account for recovery of charges
- Waiver approval obtained for debit balance and account closure charges
- ATM/Debit Card destroyed physically
- The surrendered cheques have been destroyed physically

Customer ID * :

Reason for Account closure (to be filled by branch staff) : _____

Note : Waiver/reversal of charges can be authorized by Branch Head Only.

Maker

Approving Authority

Name & Emp ID : _____

Name & Emp ID : _____

Signature : _____

Signature : _____

Acknowledgement Slip (To be filled in by the Bank staff)

Received from _____ A/c No. _____ Date

The necessary changes will be carried out in banks records only for the account mentioned above

Ujjivan Bank (Branch Name) : _____

Signature of Bank Official : _____