

Account Closure Form

Service Request No. \_\_\_\_\_

DATE: \_\_\_\_\_

Account Number


Holder	Name	Customer ID
Main		
Joint Holder 1		
Joint Holder 2		
Joint Holder 3		
Joint Holder 4		

Savings / Current Account

Please close my savings / current account (and all other services/facilities availed with the Bank like Demat account / Lockers / Insurance / Investments) and pay the closure proceeds\* after the recovery of any interest, tax, or charges payable by me by –

- NEFT / RTGS / Outward Remittance (less applicable charges)
  - Beneficiary Name: \_\_\_\_\_
  - Beneficiary Account no: \_\_\_\_\_
  - Confirmation Beneficiary Account no: \_\_\_\_\_
  - Beneficiary IFSC Code: \_\_\_\_\_
  - Beneficiary Bank Name: \_\_\_\_\_
  - Beneficiary Bank Branch: \_\_\_\_\_
  - Beneficiary Bank City: \_\_\_\_\_
- Demand Draft (less applicable charges) to be mailed to my registered communication address
- Delink my Fixed Deposit Accounts
- Transfer to Deutsche Bank Account number \_\_\_\_

I/We understand, agree, and acknowledge that the Bank shall act solely on the basis of my/our instructions without any responsibility and liability upon the Bank.

I/ we confirm that above mentioned account details are true/authentic. I/we have personally verified account details and requesting closure proceeds through NEFT in above mentioned account.

*\*As per current Income Tax rules, if the account balance at the time of account closure exceeds INR*

*20,000/-, the payment will be made by Pay Order / NEFT / RTGS*

### Cheque Book

I/we confirm that all unused cheques have been destroyed by me/us

I/we are surrendering the unused cheques with this request

I/we also authorise the Bank to destroy all the unutilised cheques, if any, in the system.

### Debit Card

I/we confirm that my/our Debit Card/s have been destroyed by me/us

I/we are surrendering the Debit card/s with this request

I/we have never received a debit card.

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): \_\_\_\_\_

Please also note that any other ECS / SI of other company linked to this account will get closed / deleted consequent.

### Reason for Account closure (Please tick the reason for closure of the account)

A1 Job Change	A7 Shifted to Non-DB Location / Inconvenient
A2 AQB Charges	A8 High AQB requirement
A3 Unhappy with Products / Service features*	A9 Better rates for FD / Loan in other banks
A4 DB was an alternate Bank	A10 Borrowing facilities declined
A5 Death / Deceased Claim	A11 NRE / NRO Account Conversion
A6 Mis-selling *	

\* Please provide further details, if any.

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1. I/We agree and understand that any un-presented cheques, NACH mandate and Standing Instructions in the account received by the Bank after the date of account closure will stand dishonored by the Bank and I/We agree to indemnify the Bank against any actions, proceedings, claims and/or demands that may arise due to reason of such dishonor.
2. I/We agree and confirm that I/We shall provide separate instructions to the Bank for closure of the Safe deposit lockers / Demat accounts /Wealth management accounts/Retail loans, if held by me/us.
3. I/We agree and confirm that I/We shall provide suitable amendment instructions to concerned asset Management Company in case the account being closed above is a settlement account for wealth management services availed of from the Bank.

4. I/We agree and understand that the Bank shall have a right of set off any general lien over the amount payable to me/us after closure of the aforesaid account and the Bank shall be entitled to recover any outstanding amount including interest, charges, TDS and/or any other related charges.
5. I/We agree and understand that any charges as per the applicable tariff will be deducted from my/our account. Please refer to the applicable charges on [www.deutschebank.co.in](http://www.deutschebank.co.in).
6. I/We agree and understand that the Bank accepts no responsibility for any loss, delay, error, omission, or mutilation which may occur in the transfer of funds or for any misinterpretation and I/we agree to indemnify the Bank against any actions, proceedings, claims and/or demands that may arise in connection with such loss, delay, error, omission, mutilation, or misinterpretation.
7. I/We am/are aware that my/our saving/current account will not get closed, in case any outstanding loan/ credit facility availed from the Bank is outstanding and is/are linked to my/our saving/current account and I have not submitted additional request for delinking or closing these products.
8. I/We confirm that I/We do not have any other relationship held with the Bank linked to this account to the closure.
9. I am aware that the request for closure of account will be processed only if the account does not have any linkages.

**Note:** All accountholders are required to sign this form and authenticate all corrections or amendments (If any).

First Applicant Signature	Second Applicant Signature	Third Applicant Signature

For Internal use only

Date: \_\_\_\_\_

Branch: \_\_\_\_\_

Customer Id to be suspended post closure of account

Yes

No

Comments: \_\_\_\_\_