

Customer Id to be suspended post closure of account

- Yes
- No

Locker facility to be closed

- Yes
- No

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

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

* Please provide further details

1. I/We agree and understand that any un-presented cheques, ECS 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
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.

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 _____

Branch: _____

Date: _____

Qualified / Non-Qualified _____ (Mandatory for All Customers)

In case the Account Closure is initiated by the Bank then, please select the valid reason:

Document Discrepancies

KYC Cheque Return

Resigned Staff

Regulatory Requirement (Please explain in the 'comments')

Comments: _____