ACCOUNT CLOSURE / FIXED DEPOSIT PREMATURE WITHDRAWAL FORM

IndusInd Bank

A/c No:

Date: D D M M Y Y Y Y

1. Please fill the details in CAPITAL LETTERS	2. Please strike-off as NA for details which are not applicable

I/We request you to close my / our Savings / Current Account:

NAME OF FIRST HOLDER

NAME OF SECOND HOLDER

NAME OF THIRD HOLDER

**If there are more than 3 holders then please fill up the additional form*

CURRENT ACCOUNT / SAVINGS ACCOUNT CLOSURE

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 ATM/Debit Card associated with this Account. All ATM/Debit Card(s) linked to this Account will be cancelled.
- Closure proceeds shall be the amount that is left over after deduction of Account Closure charges as applicable.
- My existing Sweep In Accounts along with the Savings/Current Account will be closed and the relevant penal charges will be applicable on the Sweep In Deposits on closure of Account.
- I/We shall be responsible for amending all the ECS/Auto debit mandates linked to this Account.
- I have surrendered unused cheque leaves. All the used/unused/not paid/ post-dated cheques which are surrendered/not surrendered will be treated as cancelled/destroyed.
- For lockers linked to this Account, I confirm that I have surrendered my locker/s linked to this Account.
- For Dormant/Inactive Accounts: In case my Savings Bank Account/mentioned above is/are dormant/inactive, the same will be activated to process the Account Closure request.

Pay the proceeds by

☐ By Cash *(As per current Income Tax rules, if the Account Balance at the time of account closure exceeds ₹ 20,000/- the payment will not be made through cash)*

☐ By Demand Draft

☐ Credit to another Bank Account

Beneficiary Account No.:

Beneficiary Bank Name & Branch:

Beneficiary IFSC Code:

Beneficiary Bank Address:

☐ Credit to IndusInd Bank Account

Beneficiary Account No.:

Reason for Account Closure:

1. Miscommunication / Misconduct by Staff ☐
2. Unhappy with Service delivery standards ☐
3. Salary Account - Left Job ☐
4. High Balance requirement & other charges / Features not offered ☐
5. Distance from the Branch ☐
6. Bus Slump / Co-closed / Ceases to exist / Insolvency ☐
7. Moving out of City to a Non-IndusInd location ☐
8. Close and Reopen another Account ☐
9. Account opened incorrectly ☐
10. Deceased ☐
11. Minor to Major ☐
12. Customer initiated OD Account Closure ☐

FIXED DEPOSIT PREMATURE CLOSURE

Fixed Deposit No.: ☐ Full Closure ☐ Partial Closure#
#Please specify amount

Maturity Proceeds: ☐ Credit to IndusInd Bank Account ☐ Other

Name of the Bank:

Account No.: IFSC Code:

TERMS & CONDITIONS

I/We, the holder(s) in the Term Deposits hereby confirm our consent to the Terms & conditions.

- The pre-mature withdrawal of Deposit(s) will be allowed as per the mode of operation specified in FD.
- No interest shall be paid for Resident / NRO deposits, if closed before the minimum period of 7 days is completed.
- No Interest shall be paid out for NRE / FCNR deposits, if prematurely closed before 1 year completion.
- In the event of Premature withdrawal before the specified tenure, the offered interest rate applicable will be the interest rate corresponding to the amount-based slab (withdrawn amount) and basis the actual run period (tenure). Additionally, penal interest of 1% shall be levied on the premature withdrawal, if applicable.
- Bank shall not allow premature closure of lien marked TD. The customer shall take necessary steps to close the lien against the TD before placing request for premature closure of the TD.

I hereby authorise IndusInd Bank Ltd., to execute the above mentioned requests and update all records linked to my IndusInd Bank Account. I have read all Terms and Conditions applicable and understood the Schedule of Charges (SOC) at www.indusind.com

(In case of Current Account, rubber stamp required) Signature of 1st holder

(In case of Current Account, rubber stamp required) Signature of 2nd holder

FOR BANK USE ONLY

Branch Employee Name :

Customer Segment : ☐ Pioneer ☐ Exclusive ☐ Other

AMB for last 3 months : Month 1________________
Month 2________________
Month 3________________

Account Closure Approved by ECN & Name :

Balance in Account : ________________

Account Cosure proceeds paid : ________________
(after deduction of closure charges (if applicable)

Mode of Payment : Cash / DD / IFT / NEFT

DD / UTR No. : ________________

ECN Stamp & Signature

Branch Seal

CUSTOMER ACKNOWLEDGEMENT

Date: D D M M Y Y Y Y

Branch Employee Name:

Closure Request A/c:

FD:

ECN Stamp & Signature

Branch Seal

ACFDPWF/05-2025

For charges and fees, please refer to our schedule of charges (SoC). Terms and Conditions apply.