



(For Current Account only)

Service Request No.: []

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

Customer Details

I/We hold current account* []

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

A/c Title:-

(As per bank records)

*Mobile No. : []

(For individual/Sole Propreitor, mobile no of a/c holder to be given. For others mobile no. of person who is submitting the request.

Customer Declaration

I / We request you to close our above mentioned Current Account with your Bank as per documents submitted with this request

Reason for Closure:

.....

I/We understand that:

- All unused cheque leaves are surrendered. All the used/unused/not paid/post dated cheques which are surrendered/not surrendered will be treated as cancelled/destroyed.
• ATM/Debit Card held by me/us are surrendered. All ATM/Debit Card(s) linked to this account will be cancelled
• Access to all channels linked to this account will be disabled.
• Bank is liable to recover the account closure charges and the service charges as stated in the schedule of service charges.

Instructions for Closure Proceeds

Please make payment of the balance amount by ticking any one of the following options:

[] Transfer to another Ujjivan Bank account

A/c holder name:

Account no. []

(Applicable only for individual/Sole Proprietor constitution,

[] DD-favouring (in case of Sole proprietor)and

payable at

In case of other's DD to be issued in the name as mentioned in the account

[] Send the DD to my communication address as per bank records (Request received at non base branch)

[] RTGS (for an amount of more than Rs. 2 lakh)/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. []

Current Account Closure Back

Constitution	Documents Required	
a) Individual	<input type="checkbox"/> Account Closure application signed by individual	
b) Proprietorship	<input type="checkbox"/> Account Closure application signed by Sole Proprietor (under the Proprietor & Proprietary firm Stamp)	
c) Partnership	<input type="checkbox"/> Account Closure application signed by All Partners (under the Partner and firms Stamp)	<input type="checkbox"/> Self Attested Partnership Deed from the time of account opening (signed by all Partners) (under the Partner Stamp and firms capacity)
d) Trust / Clubs / Associations / Society	<input type="checkbox"/> Board Resolution (not more that 6 months old) signed by 2 Trustee's / Member's (under the Trustee & Trust Stamp)	<input type="checkbox"/> Account Closure application signed by the authorized signatory as per Mode of Operation (under Trust Stamp)
e) Private / Public Limited Company	<input type="checkbox"/> Account Closure request signed by the authorised signatory as per Mode of operation (under firm Stamp) and should be on the firm letter head	<input type="checkbox"/> Board Resolution (not more that 6 months old - signed by 2 Directors or Company Secretary) (under the directors / CS and firms Stamp)
f) Limited Liability Partnership	<input type="checkbox"/> Account closure letter signed by all the partners or the Designated Partner if LLP Agreement allows	<input type="checkbox"/> Self attested copy of LLP agreement signed by all partners (Under the firm capacity)

Customer Signatures under Firms rubber stamp :

Signature	Signature	Signature
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Name	Name	Name
*(Authorised Signatory)	*(Authorised Signatory)	*(Authorised Signatory)

Current Account Closure 3

Branch Use Only

Declaration by Branch Official - I confirm

- Documents submitted as per the constitution- Checked and verified
- Documents obtained in photocopy verified with Original, stamped (black ink) and signed
- The applicant(s) signature is present as per MOP. Signature have been verified with bank records
- Request is dated (Not more than 3 months)
- The details match with the Bank's records
- The account is not Inactive / Dormant / Lien/ Frozen / in Debit balance
- A/c in credit balance and the balance is sufficient to recover account closure charges
- No Standing Instruction in the account
- No bills pending in the account
- Cheque book/ATM/Debit Card have been destroyed physically

Note: Waiver/reversal of charges has to be done by base branch as per DFP

Customer ID *

I/We (Staff/BOO/BH) confirm that we have checked the request letter and the relevant documents

Staff

BOO/BH

Name & Employee ID : _____

Name & Employee ID : _____

Bank Seal

Signature : _____

Signature : _____

UJJIVAN/RSPPGN1/1111/LIAB/ACCOUNTCLOSURE

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

Date

Received from _____ A/c No. _____ for account closure

The necessary changes will be carried out in the Bank's records only for the account mentioned above

Ujjivan Bank (Branch Name) : _____

Signature of Bank Official : _____

Bank Seal