## FIXED DEPOSIT/RECURRING DEPOSIT LIQUIDATION FORM



Please fill in Black Ink & in CAPITAL LETTERS only		Date DD MM YYYY
CUSTOMER DETAILS		
Name of Primary Applicant/Authorised Sig		
Name of Second Applicant/Authorised Sig	natory 2 (if any)	
Name of Third Applicant/Authorised Signatory 3 (if any)		
FIXED DEPOSIT		
I/We request you to please liquidate the be	low mentioned Fixed Deposit held in my/ou	ur name as per instructions below
Fixed Deposit Account Number	Principa	al Amount ₹
Liquidate the entire Deposit amount		
Liquidate a part of the Deposit for an Amount of ₹		
The remaining amount will continue as an Fixed Deposit at Fixed Deposits with Principal Amount greater than Rs. 1 Co		D D M M Y Y Y
Proceeds will be credited to IDFC FIRST Account Number		
Proceeds will be credited to altern account number through Funds T		
Bank Name		
Account Name		
Account Type	IFSC (	Code
	RECURRING DEPOSIT	
I/We request you to please close the below	mentioned Recurring Deposit held in my/o	ur name as per instructions below
Recurring Deposit Account		
Proceeds will be credited to IDFC FIRST Account Number		
	DECLARATION & SIGNATURE(S)	
I/We hereby undertake to abide by the G www.idfcfirstbank.com	eneral Terms and Conditions and Schedul	e of Charges as available on our website
Cianatura.	Cing store	Cinnatura
Signature	Signature	Signature
Name of First Account Holder/ Authorised Signature	Name of Second Account Holder/ Authorised Signature	Name of Third Account Holder/ Authorised Signature
We are aware that the pre-mature withdraw mode of operation. We have opted for and proceeds of such deposits to anyone of us arising among the holders, the Bank will not	the Bank is entitled to honour the same. We represents a valid discharge of the Bank's lie	/e further affirm that the payment of ability. In case of disagreement or dispute
	FOR BANK USE ONLY	
Service Request No.		
Employee ID		
Name of the Branch Official		
Sourcing Branch Code		Signature of the Branch Official