

FIXED DEPOSIT/RECURRING DEPOSIT LIQUIDATION FORM



Please fill in Black Ink & in CAPITAL LETTERS only

Date
D D M M Y Y Y Y

CUSTOMER DETAILS

Name of Primary Applicant/Authorised Signatory 1

Name of Second Applicant/Authorised Signatory 2 (if any)

Name of Third Applicant/Authorised Signatory 3 (if any)

FIXED DEPOSIT

I/We request you to please liquidate the below mentioned Fixed Deposit held in my/our name as per instructions below

Fixed Deposit Account Number Principal Amount ₹

- Liquidate the entire Deposit amount
- Liquidate a part of the Deposit for an Amount of ₹ on
D D M M Y Y Y Y
 The remaining amount will continue as an Fixed Deposit at the contracted rate.

- Proceeds will be credited to IDFC FIRST Bank Account Number
- Proceeds will be credited to alternative account number through Funds Transfer

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/our name as per instructions below

Recurring Deposit Account

- Proceeds will be credited to IDFC FIRST Bank Account Number

DECLARATION & SIGNATURE(S)

I/We hereby undertake to abide by the General Terms and Conditions and Schedule of Charges as available on our website www.idfcfirstbank.com

We are aware that the pre-mature withdrawal of Deposit(s) can be done by either or survivor OR anyone or survivor as per the mode of operation. We have opted for and the Bank is entitled to honour the same. We further affirm that the payment of proceeds of such deposits to anyone of us represents a valid discharge of the Bank's liability. In case of disagreement or dispute arising among the holders, the Bank will not be held responsible in discharging it's liability. I/We being the Guardians of the Minor hereby confirm that the minor does not hold any savings account with any of the Bank and therefore the FD/RD maturity proceeds can be transferred to the guardian's account. We further confirm that the fund will used for the benefits of the minor.

Signature	Signature	Signature
Name of First Account Holder/ Authorised Signature	Name of Second Account Holder/ Authorised Signature	Name of Third Account Holder/ Authorised Signature

FOR BANK USE ONLY

Service Request No.
 Employee ID
 Name of the Branch Official
 Sourcing Branch Code

Signature of the Branch Official

CB-BB/55/05-2017/0