DEMAND DRAFT CANCELLATION FORM



Please fill in Black Ink	and in CAPITAL LETTI	ERS	Date T
All fields marked " * "	are MANDATORY		D D M M Y Y Y Y
	_	CUSTOMER DETAILS	
Customer Type	Resident No	on-Resident	
*Customer ID		*Acco	ount Number
*Customer Name			
Attached herewith, please find the original Demand Draft No for the amount of ₹			
dated DD MM MYYYYY favouring			
which you issued at my/our request.			
Reason for cancellation:			
I/We request you to please cancel the above mentioned Demand Draft and accordingly mark the instrument as cancelled in your records and refund the amount thereof to me/us.			
Note: Closure proceeds will be credited to above Account Number. Refund for Demand Draft made against cash will be in the form of Demand Draft only.			
DECLARATION & SIGNATURE(S)			
bank shall without r • I/We, the undersign Terms and Condition	notice to me/us, be en ned, have read, under ns displayed on websit /our accounts, for pres	ititled to debit the amount of the Deman rstood and agree to absolutely and und te www.idfcfirstbank.com as revised from	ft subsequent to the cancellation thereof, the and Draft to my/our account. conditionally abide by and be bound by the in time to time by IDFC FIRST Bank Limited, in the maintained/to be opened with IDFC FIRST.
Signature		Signature	Signature
Name of First Account Holder/ Authorised Signatory		Name of Second Account Holder/ Authorised Signatory	Name of Third Account Holder/ Authorised Signatory
FOR BANK USE ONLY			
Service Request No.			
Employee ID			
Name of the Branch Official			Signature of the Branch Official
Sourcing Branch Code			Signature of the Branch Official