

Account Closure Form Savings / Current Account

I / We _____ hereby request you to close my/our account/s held with NSDL Payments Bank Limited with immediate effect.

Customer Details:

CIF ID: _____

Account Type: Savings Current

Account Number: _____, _____, _____

DOB: DD/MM/YYYY

Date of Incorporation (For Current Accounts): DD/MM/YYYY

PAN Number: _____

Registered Mobile Number: _____

Linked Account Closure: (If Applicable)

I / We _____ hereby declare that I / We hold a linked account with _____ (Partner Bank). My / Our Linked account number with Partner Bank is _____. I / We also give consent to sweep in funds from this linked account to my NSDL Payments Bank Account and thereafter close the said Linked Account with Partner Bank with immediate effect.

Alternate Bank Account for Fund Transfer: (If Applicable)

I / We also instruct the bank to transfer the funds available in my / our NSDL Payments Bank Account to my / our alternate bank account mentioned below.

Bank Name: _____

Bank IFSC: _____

Account Type: _____

Account Number: _____

Please attach the following documents for closure of account.

1. Self-attested copy of your PAN Card
2. Image of your cancelled cheque leaf OR Latest Account Statement / Passbook Copy for the alternate account details mentioned above.
3. If the Cheque Leaf does not mention your name, please provide the bank statement or passbook copy along with the same.

Note: Account Closure charges or and dues on your account if applicable will be deducted from your account or will have to be paid. Taxes, as applicable will be levied on closure proceeds. Refer www.nsdlbank.co.in for details of charges. Closure proceeds of account cannot be transferred to any third-party account.

Date: _____

Place: _____

Customer's Signature

(Signature with Organization Stamp in case of Current Account)