APPLICATION FOR CLOSURE OF TERM DEPOSIT / SAVINGS / CURRENT ACCOUNT



YOUR PERFECT BANKING PARTNER

Please tick (\checkmark) whichever is applicable		Date: D D M M Y Y Y Y
ACCOUNT DETAILS		
Account Number		
CLOSURE OF TERM DEPOSIT ACCOUNT SAVINGS ACC Reason for account closure (applicable for Savings / C	OUNT	
CLOSURE PROCEEDS PAYMENT DETAILS		
Cash (For amount below Rs. 20,000/-) Demand Draft Credit the proceeds to my Federal Bank Account RTGS / NEFT* (details given below)	Number	
Name of the Bank		Name of the Branch
and absolute owner(s) of the same. I/We further unde pertaining to the closed Deposit account, and I/We shal undertake to indemnify the Bank and hold the Bank has the Bank arising out of the closure of the Deposit.	losed has not been assigned/pledged/encum rtake that, upon closure of the Deposit, I/We I not deal with the same in any manner that w rmless against any losses, damages, claims (i aturity, the interest will be paid as per the rate	IFS Code IFS
 I/We understand that at the time of account closure Access to all channels linked to this accour All the Standing Instructions in this accour I/We have surrendered/destroyed ATM/Do I/We have surrendered unused cheque leader to the treated as cancelled/destroyed. I/We shall be responsible for amending all 	nt will be disabled. nt will be cancelled. ebit Card associated with this account. All ATI	
I/We hereby I hereby authorise Federal Bank Ltd., to ex all Terms and Conditions applicable and understood the		date all records linked to my Federal Bank Account. I have read ank.com
Signature of Primary Account Holder	Signature of Joint Account Holder - 1	Signature of Joint Account Holder - 2
	FOR OFFICE USE ONLY	
Executed as per the customer request		
Signature	Signature	Signature
Entered by: PF No	Approved by: PF No	Principal Officer: PF No