Account Closure Request Form-RBL GIFT City Branch

Date D D M M Y Y Y Y

RBL Bank Limited

GIFT City Branch, Unit no. 705, 7th Floor, Signature Building,

Block no. 13-B, Zone-1, GIFT Multiservice SEZ,

Gandhinagar – 382355

Customer Name (s)

Customer ID

Address for future correspondence

Telephone # [Res] S T D

Telephone # [Off] S T D

Mobile #

E-mail Address

I / We authorize you to close the account(s) listed in Section A below. The balance in the account(s), after recovery of any interest, tax, cost or charges etc.. payable by me / us, is to be repaid to me as indicated in Section B

Section A: Account Number (s)

- Savings /Current Ac

- Fixed Deposit

Section B: The balance in account (s) is to be repaid as follows:

- Through Telegraphic Transfer (SWIFT Transfer) to below account with Your applicable charges.

  Beneficiary Name-
  Beneficiary Address-
  Beneficiary Bank Name-
  Beneficiary Bank Swift Code-
  Beneficiary Acc Number-
  I BAN number (If needed)-
  Correspondent Bank Swift Code-
  Any Other details (If any)-

- I / We agree and understand that any Standing Instructions in the accounts received by the Bank after the date of account closure will stand dishonored by the Bank and I / We agree to indemnify the Bank against any actions, proceedings, claims and /or demands, whatsoever in nature that may arise due to such dishonor.

- I/We agree and understand that the Bank shall have a right of set off and general lien over the amount payable to me/us under any other account or otherwise after closure of the aforesaid account and the Bank shall be entitled to recover any and all outstanding amount including interest, charges, and/or any other related charges.

- I/We agree and understand that any charges (which includes but not limited to pre closure payment charges) as per the applicable tariff will be deducted from my/our account.

- I/We agree and understand that the Bank accepts no responsibility for any loss, delay, error, omission or mutilation which may occur in the transfer of funds and I/We agree to indemnify the Bank against any actions, proceedings, claims and/or demands that may arise in connection with such loss, delay, error, omission, mutilation.

- I/We do hereby agree to keep indemnified the Bank against any claim or loss that may occur due to any act or omission by me/us.

Note: All account holders are required to sign this form and authenticate all corrections or amendments (if any)

Sole / First Account Holder	Joint / Second Account Holder	Third & Other Joint Account Holder