ICICI Bank

Request for refund of amount on closure of account by ICICI Bank

Account holder — FIRST NAME | MIDDLE NAME | LAST NAME

Account no.

Date of birth D D M M Y Y Y Y

Communication address (as in account opening form)

CITY

STATE

PIN CODE

TEL NO. WITH STD CODE

MOBILE NO.

Address to which demand draft/pay order shall be sent (if different from communication address, please provide address proof)

CITY

STATE

PIN CODE

TEL NO. WITH STD CODE

MOBILE NO.

Reason for change in address _____

Documents enclosed ☐ Identity proof ☐ Address proof ☐ Bank's letter informing you of the account closure (optional)

(For a full list of documents, please contact the nearest ICICI Bank branch.)

Date D D M M Y Y Y Y

Branch _____

Signatures of:

FIRST ACCOUNT HOLDER

SECOND ACCOUNT HOLDER

THIRD ACCOUNT HOLDER

To be filled in by ICICI Bank official

Service request no. _____

Date D D M M Y Y Y Y

The first account holder has signed in my presence. I have checked the identity proof and address proof copies against the originals. I recommend refund, provided the signature in this form matches that in the account opening form.

Name of official (AM and above) _____

Employee ID _____

Signature _____

Acknowledgement — Request for refund of amount on closure of account by ICICI Bank

Service request no. _____

Date D D M M Y Y Y Y

Account no.

Account holder's name — FIRST NAME | MIDDLE NAME | LAST NAME

Employee ID _____

NAME AND SIGNATURE OF OFFICIAL (AM AND ABOVE)

Refund shall be subject to verification of signature in this request form with original in account opening form.

Form made fillable by Karvitt.com