

# Annexure I - ACCOUNT CLOSURE REQUEST

To,

Date : DD / MM / YYYY

India Post Payments Bank Ltd.,

Branch: \_\_\_\_\_

**Subject: Closure of Account No:** \_\_\_\_\_ **Customer Name:** \_\_\_\_\_

Reason for closure \_\_\_\_\_

Please close my aforementioned account with your \_\_\_\_\_ branch.

Note: All linkages/standing instructions to the above account shall be suspended.

## POSA DELINKING REQUEST (APPLICABLE ONLY FOR POSA LINKED IPPB ACCOUNTS)

Kindly delink following POSA account from my IPPB Account no \_\_\_\_\_

POSA CIF : \_\_\_\_\_

POSA Account Number : \_\_\_\_\_

## DESIRED MODE OF RECEIPT OF THE BALANCE AMOUNT

To another bank account by electronic transfer

Other bank account No

Reconfirm Account No

Name of account holder \_\_\_\_\_

Account Type  Savings Account  Current Account

Bank Name \_\_\_\_\_

Branch Name \_\_\_\_\_ IFSC Code \_\_\_\_\_

To any other IPPB account

IPPB Account No  Branch Name \_\_\_\_\_

Name of Account Holder \_\_\_\_\_

## DECLARATION & SIGNATURE

I understand, agree and acknowledge that India Post Payments Bank shall act solely on the basis of my instructions without any responsibility and liability upon the Bank. I further declare that I have already destroyed the QR card provided to above account. It is my responsibility that all the ECS / Auto debit mandates linked to this account are amended.

(Signature of Account Holder)

(Name of Account Holder)

## FOR BANK USE ONLY

Service Request No. \_\_\_\_\_

Branch Sol ID \_\_\_\_\_

End User ID \_\_\_\_\_

Name of the End User \_\_\_\_\_

Request Processed On \_\_\_\_\_

Signature of Branch Official \_\_\_\_\_

Employee ID of Branch Official \_\_\_\_\_

Account Closed On \_\_\_\_\_