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.