

Date :

The Manager
HDFC Bank Ltd.

Dear Sir / Madam,

Re. : Cancellation of my PIS permission no _____

Closure of PIS Savings account no. _____

I /We wish to cancel, above PIS permission held with you, as I do not intend to purchase and sale the shares in secondary market.

I /We confirm that I will not transact in the secondary market unless I obtain the specific PIS permission in writing from your designated branch, as per the RBI guidelines.

I /We confirm that (Please tick options as applicable)

- I have changed my residential status and now I/We are "Resident Indian"
or
- I do not intend to purchase and sale the shares in secondary market .
or
- I am transferring my PIS permission toBank . Please issue the NOC
and send it to below address

Name of the concerned person and the Bank address as follows

Contact Number: _____ Email address: _____

I /We request you to close my above Portfolio Investment Scheme savings account and transfer the balance to my Non PIS savings account no. _____

Please cancel the Sweep in and Sweepout facility linked to this PIS account.

I /We confirm that I have destroyed the cheque book issued to above PIS savings account.

I /We confirm that there is no any Debit card or ATM card issued to above PIS savings account.

Yours truly,

Signature : 1st Account holder

2nd Account holder

3rd Account holder

Name: _____

TO BE FILLED IN BY A BANK OFFICIAL

1. Please include the details of the customer who has proposed for the closure of his/her bank account.

| | | | | | | |
|--|----------|----|----|----------|----|----|
| Vintage (no. of months) | | | | | | |
| Balance at the time of closing (Rs.) | | | | | | |
| AQB in previous 4 quarters (Rs.) | | | | | | |
| AQB charges levied in the last quarter | YES / NO | | | | | |
| RTBM Customer (from 7005 screen) | YES / NO | | | | | |
| Transaction Volumes (from 7005 screen) | YTD | | | 3 months | | |
| | CD | CW | CI | CD | CW | CI |
| Product Holding | | | | | | |

2. Please note the detailed reasons stated by the customer for closure of his/her existing HDFC Bank account after discussion with him/ her.

3. Please note down the defense put forth to the customer for retaining the account. (for closures with reason codes in Sr. No. 1 to 7 only)

If the customer opts to retain his/her account with us, please obtain his/her signature below and retain the form for future use.

Customer Declaration

I/We confirm that I wish to retain my account with the bank

Full Name

Signature

Checklist

| | |
|--|---|
| <input type="checkbox"/> ATM Card, if any, destroyed (no.1 _____) (no.2 _____) | <input type="checkbox"/> Credit Card Auto Pay deleted |
| <input type="checkbox"/> Standing Instructions deleted | <input type="checkbox"/> Super Saver OD limit zeroised |
| <input type="checkbox"/> Demat Account, if any, delinked | <input type="checkbox"/> Cheque leaves, if any, destroyed (nos. from _____ to _____) |

If paid by MC/DD No. : _____ Dated _____

Balance in a/c : _____

Service charges, if any : _____

Amount paid : _____

Signature verified _____

(Personal Banker)

Approval _____

(Branch Manager)