

Date: _____

Customer ID No. _____

To,
The Branch Head _____ Branch

Dear Sir,

Re: Savings / Current Account No. _____ in the name(s) of _____

I / We request you to close and transfer our above mentioned account in my / our name to your Branch at _____ and transfer the balance lying to the credit of my / our existing account in my / our new account.

I / We understand that the same operating instructions will apply to my / our new account.

My/our new Mailing Address is as follows: (attach address proof)

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Reason for Transfer of the Account :

- I/We hereby surrender unused cheque leaves.
- I/We confirm that I/We have destroyed the unused cheques.
- My/Our new Cheque Book and other deliverables need to be –
 - Held at the new branch
 - Mailed to my new address
 - Mailed to my existing address
- My/Our existing Debit Cards may please be linked to my / our new account.

1st Holder	Card No.
2nd Holder	Card No.
3rd Holder	Card No.

Cont'd.... 2

Acknowledgement

Name	Cust ID
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Received Customer Request for Transfer of Account to _____ Branch

DCB 24-Hour Customer Care

Call Toll Free: 1800 209 5363

Email: customercare@dcbbank.comWeb: www.dcbbank.com

Signature & Date Receipt Stamp

I / We authorize bank to transfer / link the following facilities to my / our above-mentioned account to my / our new account.

Phone Banking Net Banking Mobile Banking*
 Bill Pay*

* please fill up new registration forms for Bill Pay and Mobile Banking service

I/We authorize the Bank to transfer the Sweep in / Sweep out instructions as in my / our above mentioned account to my / our new account.

I / We authorize the Bank to transfer all standing instructions and debit authorization for Locker charges as it exists on my / our above mentioned account to my/our new account.

I / We authorize the Bank to transfer the instruction on credit of my Fixed Deposit interest proceeds and Fixed Deposit Maturity proceeds from my / our above mentioned account to my / our new account.

My/our Depository Account details are as under:

Client ID	DP ID	Name of Account Holders

I / We authorize the Bank to debit all DP related charges for the above-mentioned DP accounts from my/our new account. *(to change your address on your depository accounts and/or change in existing dividend mandate on your accounts, please contact your nearest DCB branch)*

Please note :

In case you have issued Post Dated Cheques from your existing account.

I/We undertake to replace the above PDCs immediately on receipt of my / our new account number and cheque book.
 In case you have provided your existing account number for ECS debits / credits / dividends or remittance credits

I / We undertake to make the necessary changes for the above immediately on receipt of my / our new account number.

I / We have read and understood the terms and conditions related to the opening of an account with Development Credit Bank Ltd and those relating to various services including but not limited to ATMs, Phone Banking, Mobile Banking, Debit Cards, Net Banking, Bill Pay Facility, etc. I accept and agree to be bound by the said terms and conditions including those excluding / limiting the bank's liability. I/We understand that the Bank may, at its absolute discretion, discontinue any of the services completely or partially without any notice to me / us. I agree that the Bank may debit my account for service charges as applicable from time to time. I / We confirm that I am / we are residents of India.

The Bank will not be liable / responsible for the return / dishonouring of any cheques issued by me and presented to the Bank post the transfer of my / our existing account. The Bank reserves the rights of recovery in case of any future debits accruing on this account as a result of any claims or transactions.

Signature(s) – to be signed by all the joint account holders.

FOR OFFICE USE ONLY

Signatures Verified		New Account Number	
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Date:

Signature(s) of Bank Officials