REQUEST FOR DELETION OF ACCOUNT HOLDER/S – FCNR (B)

I/We, _____

_____ hereby request you to delete the name(s) in

my/ our Account Number _____ as per the details given below.

Account Holder(s) to be deleted

	Account Holder (1)	Account Holder (2)
Name	_____	_____
	_____	_____
Guardian's Name (if the person is a minor)	_____	_____
Customer ID	☐☐☐☐☐☐☐☐☐☐	☐☐☐☐☐☐☐☐☐☐
Reason for Deletion	_____	

Mode of Operation

☐ Shall continue to remain as per earliest instructions ☐ To be changed to

☐ Either or survivor ☐ singly ☐ jointly

Declaration

I/We agree to the deletion as above. I/We hereby confirm that all other existing instructions, terms and conditions except the changes proposed herein, shall remain the same.

1. I/ We are aware that the first account holder cannot be deleted.
2. Net Banking, to customers whose name is sought to be deleted from the account will be de-linked from the same.
3. In case of minor, guardian to sign.

Signature(s)

Account Holder 1	Account Holder 2	Account Holder 3
_____	_____	_____

Date: _____

For Bank Use Only

Signature verified by _____ Mode of Operation changed Yes/No

Authorized by _____ Signature verified _____