ujjivan SMALL FINANCE BANK
Build a Better Life

# TERM DEPOSIT MODIFICATION / CLOSURE / PARTIAL WITHDRAWAL REQUEST

(For Resident Retail Callable Term Deposit only)

Service Request No. .....  Date D D M M Y Y Y Y

Branch Name .....  Branch Code

I/We hereby request and authorize the bank to initiate processing request basis the instruction provided below

Customer Name (as in Bank A/C)

Customer ID:

Account Number:

## CUSTOMER DETAILS

Name of Primary Applicant/Authorised Signatory: _____ Customer ID: _____

Name of Joint Applicant 2: _____ Customer ID: _____

Name of Joint Applicant 3: _____ Customer ID: _____

## REQUEST FOR CHANGE OF MATURITY INSTRUCTIONS

My / Our FD/ RD No. _____ is due for maturity on _____.

On maturity of the deposit, I/we hereby give my / our explicit consent to the Bank to:

☐ Pay the principal and interest to my / our designated Bank Account No. _____

☐ **Renew for:** Months _____ Days _____ **Interest Payout:** ☐ Monthly ☐ Quarterly ☐ At maturity

**Maturity Instruction:**

☐ Auto Renew Principal + Interest (Not applicable for RDs/Tax Saver FDs/Platina FDs/Non-callable FDs)

☐ Auto Renew Principal Only (Not applicable for RDs/Tax Saver FDs/Platina FDs/Non-callable FDs)

☐ Close & Pay to my/our Ujjivan SFB A/c

☐ I/We wish to have the maturity/interest Payout through NEFT (Applicable only for Standalone Deposit) or RTGS (for an amount of more than ₹ 2 Lakhs)

Beneficiary Bank & Branch Name:

Beneficiary Name:

Beneficiary Account No.:

Beneficiary IFSC Code:

Type of Account: ☐ Savings ☐ Current

☐ I/We wish to have the maturity/interest Payout through Demand Draft (DD):

Demand Draft payable at _____

☐ Send the DD to my correspondence address as per bank records.

☐ I'll personally collect the DD from this branch.

## TERM DEPOSIT CLOSURE / PARTIAL WITHDRAWAL REQUEST

☐ I/We instruct you to please ☐ Close ☐ Pre-close Permit ☐ Partial Withdrawal

(Not applicable for RD & Non-callable FD) of ₹ _____ in respect of the above Term Deposit.

Please make payment of the amount by (please tick any one of the following options)

☐ Demand Draft payable at .....

☐ Send the DD to my correspondence address as per bank records.

☐ I'll personally collect the DD from this branch.

☐ Transfer to my/our Ujjivan SFB Account No.

☐ RTGS (for an amount of more than ₹2 Lakhs)/NEFT: Bank Name:

Branch Name IFSC code

A/c Holder's Name (Title) Mr./Ms./Mrs./Dr

Account no.:

☐ Cash (closure proceeds in cash below ₹20,000 only): Identity Proof must be produced when the cash is collected from the branch.

## CUSTOMER DECLARATION

I/We confirm correctness of each input herein. I/We are/am aware and acknowledge that the Bank shall be considering my/our request subject to the applicable terms and conditions. I/We have read (or have been read over), understood and agree to the terms and conditions as hosted on the official website of the Bank, viz., www.ujjivansfb.bank.in

## SIGNATURE OF THE CUSTOMER (AS PER BANK RECORD)

| Primary Applicant | Joint Applicant 1 | Joint Applicant 2 | Joint Applicant 3 |
|---|---|---|---|
| | | | |

## FOR OFFICE USE ONLY

Declaration from Branch Official - I confirm

☐ The details match with the Bank's records

☐ The applicant(s) signed in my presence and the signature(s) have been verified with the Bank records and found correct

☐ Signature verification of customer done

Reason for Term deposit closure (to be filled by branch staff) _____

| MAKER ID: | CHECKER ID: |
|---|---|
| DESIGNATION: | DESIGNATION: |
| SIGNATURE: | SIGNATURE: |

Tear Off

## ACKNOWLEDGMENT SLIP (To be filled in by the Bank staff)

Date D D M M Y Y Y Y

Received request for ☐ Change in Maturity instruction ☐ Close ☐ Pre-close ☐ Permit Partial Withdrawal of ₹ _____ in respect of Term Deposit in the name(s) of_____ A/c no.:

The necessary action will be carried out in banks records only for the account mentioned above

Ujjivan SFB (Branch Name) : _____

Signature of Bank Official:_____