

[illegible]

Documents Submitted :-

Constitution	Documents Required	
a) Individual	<input type="checkbox"/> Account Closure application signed by Individual	
b) Proprietorship	<input type="checkbox"/> Account Closure application signed by Sole Proprietor (under the Proprietor & Proprietary firm Stamp)	
c) Partnership	<input type="checkbox"/> Account Closure application signed by All Partners (under the Partner and firms Stamp)	<input type="checkbox"/> Self Attested Partnership Deed from the time of account opening (signed by all Partners) (under the Partner Stamp and firms capacity)
d) Trust / Clubs / Associations / Society	<input type="checkbox"/> Board Resolution (not more that 6 months old) signed by 2 Trustee's / Member's (under the Trustee & Trust Stamp)	<input type="checkbox"/> Account Closure application signed by the authorized signatory as per Mode of Operation (under Trust Stamp)
e) Private / Public Limited Company	<input type="checkbox"/> Account Closure request signed by the authorised signatory as per Mode of operation (under firm Stamp) and should be on the firm letter head	<input type="checkbox"/> Board Resolution (not more that 6 months old – signed by 2 Directors or Company Secretary) (under the directors / CS and firms Stamp)
f) Limited Liability Partnership	<input type="checkbox"/> Account closure letter signed by all the partners or the Designated Partner if LLP Agreement allows	<input type="checkbox"/> Self attested copy of LLP agreement signed by all partners (Under the firm capacity)

Customer Signatures under Firms rubber stamp :

Signature	Signature	Signature
Name	Name	Name
*(Authorised Signatory)	*(Authorised Signatory)	*(Authorised Signatory)

Branch Use Only

Declaration by Branch Official – I confirm

- ☐ Documents submitted as per the constitution- Checked and verified
- ☐ Documents obtained in photocopy verified with Original, stamped (black ink) and signed
- ☐ The applicant(s) signature is present as per MOP. Signature have been verified with bank records
- ☐ Request is dated (Not more than 3 months)
- ☐ The details match with the Bank's records
- ☐ The account is not Inactive / Dormant / Lien/ Frozen / in Debit balance
- ☐ A/c in credit balance and the balance is sufficient to recover account closure charges
- ☐ No Standing Instruction in the account
- ☐ No bills pending in the account
- ☐ Chequebook/ATM/Debit Card have been destroyed physically
- ☐ FCRM scan image is clear and legible

Note: Waiver/reversal of charges has to be done by base branch as per DFP

Customer ID *

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I/We (Staff/DBM/BSCM) confirm that we have checked the request letter and the relevant documents

Staff

DBM/BSCM

Name & Employee ID : _____

Name & Employee ID : _____

Bank
Seal

Signature: _____

Signature: _____

ICICI/RSPPG/V1/1111/LIAB/ACCOUNTCLOSURE

Acknowledgement Slip (To be filled in by the Bank staff)Date

D	D	M	M	Y	Y	Y	Y
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Received from _____ A/c No. _____ for account closure

The necessary changes will be carried out in the Bank's records only for the account mentioned above

ICICI Bank (Branch Name): _____

Signature of Bank Official _____

Bank
Seal