Annexure 1 - ACCOUNT CLOSURE REQUEST

To,	Date: DD / MM / YYYY
India Post Payments Bank Ltd.,	
branch	
Subject: Closure of Account No.:	Customer Name:
Reason for closure	
Please close my aforementioned account with your	branch.
Note: All linkages/standing instructions to the above account shall	be suspended.
POSA DELINKING REQUEST (APPLICABLE ONLY FOR PO	OSA LINKED IPPB ACCOUNTS)
Kindly delink following POSA account from my IPPB Account	nt no
POSA CIF:	
POSA Account Number:	
DESIRED MODE OF RECEIPT OF THE BALANCE AMOUNT	г
☐ To another bank account by electronic transfer	
Other bank account No.	
Reconfirm Account No.	
Name of account holder	
Account Type Savings Account	Current Account
Bank Name	
Branch Name	IFSC Code
☐ To any other IPPB account	
IPPB Account No DDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDD	ne
Name of Account Holder	
CUSTOMER DECLARATION	I & SIGNATURE
I understand, agree and acknowledge that India Post Payn instructions without any responsibility and liability upon the destroyed the QR card provided to above account. It is mandates linked to this account are amended.	ne Bank. I further declare that I have already
(Signature of Account Holder) (N	Jame of Account Holder)

Annexure 2

BRANCH OFFICIAL RECOMMENDATION

I hereby confirm the following:

- 1. The genuiness of the customer request has been verified by cross-checking customer details in the submitted copy of KYC document with those in Finacle.
- 2. The documents have been OSV'd and filed at branch.
- 3. I have cross-verified the bank account details filled by the customer in Annexure-1 with the bank account detail proof that he/she has submitted.
- 4. I have also verified that the account to which the amount will be transferred (if any) belongs to the same customer who is getting his/her account closed with IPPB, and not any third person.
- 5. I have checked from Finacle that the customer account status is Active.
- 6. I have checked from Finacle that the account is not under freeze.

8. I have checked from Finacle that the available account balance is Rs

7. I have checked that either outstanding charges have been recovered or sufficient balance made available to recover the same.

Employee Name:	
Employee ID:	
Designation:	
Signaturo:	