

FOR BRANCH USE: Branch Code: _____

Receipt Date: ___/___/___ Action Taken on: ___/___/___

Signature _____



NRI-6

Request for closure / premature closure of NRE / NRO / FCNR (B) Deposit

I / We _____ <name of account holder (s)> hereby request you to please arrange to close / prematurely close my deposit account as per following details:

Request Type:

Closure Premature Closure

Deposit:

NRE NRO FCNR (B)

Deposit Type:

Term Deposit (TDR) Special Term Deposit (STDR)
 Recurring Deposit (RD)

Deposit Number: _____

Instructions for proceeds:

(Please tick and fill one option in the below table)

<input type="checkbox"/>	Transfer to SBI Savings / SBI Current A/c No <Please mention account number>	_____
<input type="checkbox"/>	Issue a Cheque in INR/USD/GBP/EURO/AUD/CAD/JPY <Please specify the currency>	_____

Declaration: I / We have read, understood and agree to abide by the terms and conditions applicable on closure / premature closure of above said my / our deposit, as may be in force from time to time. I / we also agree that, payment of interest on the my / our deposit may be allowed in accordance with the prevailing stipulations on premature closure/withdrawal of the NRE / NRO / FCNR (B) deposit, as laid down by the Reserve Bank of India / State Bank of India in this regard.

Date: _____

Place: _____

Signature of 1st Applicant

Signature of 2nd Applicant

Customer Acknowledgement Copy (To be returned to the customer, if submitting it in the person)

A/c No: _____ A/c Holder Name: _____

Type of request: Request for closure / premature closure of NRE/NRO/FCNR (B) Deposit

Date of receipt: ___/___/___

Branch Seal & Stamp

Signature of authorised official