ICICI Bank

Deletion of Name

(To be filled in if you apply for deleting a joint applicant)

Note: Mandate Holder cannot request for deletion of name.

Date: D D M M Y Y Y Y

To,
ICICI Bank Limited
NRI HUB,
Autumn Estate, 5th Floor, 'A' Wing
Near Mhada, Chandivali, Andheri (E)
Mumbai - 400 072, INDIA

Deletion of Name in Account No. ☐☐☐☐☐☐☐☐☐☐☐☐☐☐ / Cust ID ☐☐☐☐☐☐☐☐☐☐

Dear Sir/Madam,

I/We hold a Savings Bank Account in your Bank in the name/s of .....

Please delete the name of ..... from the Account.

- I/We surrender ATM/Debit Card with no.: ..... of .....

OR

- I/We have lost/misplaced ATM/Debit Card with no.: ..... of .....

  ..... and it may be treated as cancelled.
- I/We also surrender Cheque Book Series ..... to .....
- I/We understand that the Bank will not honour cheques issued by .....

The Mode of Operation of the above Account after the deletion of the name will be:

☐ Single ☐ Either or Survivor ☐ Anyone or Survivor ☐ Jointly ☐ Others

Sincerely,

*(NAMES AND SIGNATURES OF ALL THE EXISTING ACCOUNT HOLDERS)

*(SIGNATURE OF THE APPLICANT BE DELETED)

Note: If MOP of an account is single, Nomination is mandatory (DA1 is required) **OR** No Nominee declaration is required.