

## REQUEST FOR PRE-MATURITY OF FD - INDIVIDUAL

(Pre-maturity within 3 months)

Date:

To

The Manager

ICICI Home Finance Company Limited

Subject: Pre-maturity of Fixed Deposit (FD)

Dear Sir/Madam,

We have invested in Fixed Deposit with ICICI Home Finance Company Limited and now wish to pre-maturely close it due to

Please tick ( ) the disease from below: (Medical certificate is mandatory for declared disease)

Cancer of specified severity  Myocardial infarction  Open chest cabg  Open heart replacement or repair of heart valves  Coma of specified severity  Kidney failure requiring regular dialysis  Permanent paralysis of limbs  Motor neuron disease with permanent symptoms  Multiple sclerosis with persisting symptoms  Angioplasty  Benign brain tumor  Blindness  Deafness  End stage lung failure  End stage liver failure  Loss of speech  Loss of limbs  Major head trauma  Primary (idiopathic) pulmonary hypertension  Third degree burns  Stroke resulting in permanent symptoms  Major organ /bone marrow transplant

Death of the depositor/joint depositor

Any other reason

Further, find below the details of the FD

a. Depositor's Name/Joint Name:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

b. FD number: \_\_\_\_\_

c. Account number for redemption: \_\_\_\_\_

(To be updated only, if account number for redemption is different than the original account number, and supported with copy of cancel cheque which is in name of FD holder/s)

d. Signature of joint holders <sup>1</sup>

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Herewith, I/We enclose the duly discharged original FDR (if issued) signed by all holders <sup>1</sup> or E-FDA.

Yours sincerely,

\_\_\_\_\_

(The letter needs to be signed by all authorized FD holders)<sup>1</sup>

1. Signatory clause

- To be signed by one of the depositors when mode of operation is Either/Survivor. The same will be accompanied with a Letter of Consent from the depositor who is submitting the request. In the event of death, the survivor may withdraw the FD pre-maturely.
- When mode of operation is former/survivor, only the primary account holder may withdraw the FD prematurely. In the event of death, the survivor may withdraw the FD pre-maturely.
- In cases of single or joint holding, signature of all depositor's mandatory

**LETTER OF CONSENT**

**(Applicable when mode of operation is Either/Survivor)**

Date:

To,

ICICI Home Finance Company Limited

Dear Sir/Ma'am,

This is with reference to the fixed deposit ("Fixed Deposit/s") held jointly in the names of Mr./Mrs./Ms. \_\_\_\_\_ Mr./Mrs./Ms. \_\_\_\_\_ and Mr./Mrs./Ms. \_\_\_\_\_ (hereinafter be referred to as the "Depositor") with ICICI Home Finance Company Ltd ("ICICI HFC") holding Fixed Deposit number \_\_\_\_\_. I, \_\_\_\_\_, acting on behalf of all the Depositors, hereby request you to allow premature withdrawal of Fixed Deposit/s in line with its operating instructions i.e. 'Either or Survivor' / 'Former or Survivor' as provided in the Application form. In consideration of your paying or agreeing to pay to me sum of Rs. \_\_\_\_\_ against the duly signed Request Letter and Fixed Deposit Receipt ("FDR") (if issued) or E-FDA by ICICI HFC, I, including but not limited to legal heirs, legal representatives, executors and administrators jointly and severally hereby undertake to hold harmless ICICI HFC and its successors and assigns against all claims, demands, proceedings, losses, damages, charges and expenses which may be raised against or incurred by you by reason or in consequence of your having agreed to pay/or paying to \* me/us the said sum as aforesaid.

by the above named

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In witness whereof, hereunto set his hands in the presence of

\_\_\_\_\_ on this day  
of

\_\_\_\_\_ at Place \_\_\_\_\_

Names and addresses of witnesses:

1. 1.

2. 2.

(Signature of witnesses)