

Refund Request Form

(To be filled in by the applicant in 'BLOCK LETTERS')

DCB BANK

The Branch Head / DCB Customer Care

DCB Bank Limited

Branch: _____

Product: _____

Date of Transaction: |D|D|M|M|Y|Y|Y|Y|

Refund Request Reference Number: _____

Closed Account Number: _____

Title of Account: _____

Amount to be Refund (in figures): _____

Rupees in Words: _____

I/We hereby request you to refund the claimed amount stated above, to my bank account, details given hereunder:

Payment by: Transfer to DCB Bank Account *RTGS/ NEFT (Copy of cancelled cheque and statement of account enclosed herewith)

Credit to Account No. _____

Name of Account Holder: _____

Bank Name: _____

Branch: _____ IFS Code: _____

Type of Account: Savings Account Current Account Cash Credit Account Overdraft Account

I/We confirm that all the details provided on this form are correct.

Date: |D|D|M|M|Y|Y|Y|Y|

Signature of Account Holder/s

For Bank Use

Request Received Via	<input type="checkbox"/> Branch <input type="checkbox"/> Customer Care	Request received through registered email ID	
Verified Cheque Details	<input type="checkbox"/> Yes	Request Received Date:	
Signature Verified by BSOM/ BH	<input type="checkbox"/> Yes	Transaction No.	
Signature of Branch Official		NEFT UTR No.	