

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

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 holders¹: 1. _____
2. _____
3. _____

Herewith, I/We enclose the duly discharged original FDR signed by all holders¹.

Yours sincerely,

(The letter needs to be signed by all authorized FDR holders)¹.

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 pre-maturely. In the event of death, the survivor may withdraw the FD pre-maturely.
- In cases of single or joint holding, signature of all depositors mandatory.

LETTER OF CONSENT

(Applicable when mode of operation is Either/Survivor)

Date:

To,
ICICI Home Finance Company Limited
(Branch address)

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") issued 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)