## 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:  |
| <ul> <li>Account number for redemption:</li></ul>  |
| Herewith, I/We enclose the duly discharged original FDR signed by all holders <sup>1</sup> .   |
| Yours sincerely,   |
| (The letter needs to be signed by all authorized FDR 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 depositors mandatory.

## <u>LETTER OF CONSENT</u> (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   |
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|  |
|  |
|  |

| In   | witness      | whereof,     | hereunto   | set | his | hands | in | the | presence   | of   |
|------|--------------|--------------|------------|-----|-----|-------|----|-----|------------|------|
|      |              |              |            |     |     |       |    |     | on this da | y of |
|      |              | at Place     |            |     |     |       |    |     |            |      |
| Nar  | nes and ad   | dresses of w | vitnesses: |     |     |       |    |     |            |      |
| 1. 1 |              |              |            |     |     |       |    |     |            |      |
| 2. 2 |              |              |            |     |     |       |    |     |            |      |
| (Sig | jnature of v | vitnesses)   |            |     |     |       |    |     |            |      |