



Fixed Deposit Renewal/ Closure Request

Note: All Applicant's signatures are required if FD account(s) are being closed prematurely.

Date: D D / M M / Y Y Y Y							
To, ICICI Bank Limited, PO Box 1494, Manam Center, Manama, Kingdom of Bahrain.							
Please renew/ close my/ our Fixed D	eposit (FD) account	t(s). My/ our accoun	t details are given below				
Name of Account holder(s):							
First Applicant :							
Link and the second							
1							
Customer ID of First Applicant :							
Email addres:							
Contact : +							
Fixed Deposit Account Number(s) to	be renewed: (the oth	ner terms of the deposit	remaining same)				
1)							
Principal and Interest :	Months	Days;	Rate:				
Principal # :	Months	Days;	Rate:				
2)							
Principal and Interest :	Months	Days;	Rate:				
Principal # :	Months	Days;	Rate:				
3)							
Principal and Interest :	Months	Days;	Rate:				
Principal # :	Months	Days;	Rate:				
	WOTHIS	Duys,	nute.				
4)							
Principal and Interest :	Months	Days;	Rate:				
Principal # :	Months	Days;	Rate:				
# Credit the interest component t	o Savings/ Call/ Curre	ent account					



Fixed Deposit Account Number(s) to be closed:							
1)							
	To be closed on	: Maturity	Premature				
	Closure type	: Full closure	Part closure (Amount:)			
2)							
	To be closed on	: Maturity	Premature				
	Closure type	: Full closure	Part closure (Amount:)			
3)							
	To be closed on	: Maturity	Premature				
	Closure type	: Full closure	Part closure (Amount:)			
4)							
	To be closed on	: Maturity	Premature				
	Closure type	: Full closure	Part closure (Amount:)			
Tra	nsfer of closure pro	ceeds:					
Г	- ¬	gs/ Call/ Current Account					
For		use aditional copy of page 2	of this form				
	· · · · · ·	use dulitorial copy of page 2	or this form.				
 Terms & Conditions: The deposit shall be renewed for a period of the lowest tenure at the prevailing rate of interest, unless written instructions received by the Bank 15 calendar days prior to the deposit maturity date. If the closure proceeds are to be credited to your Savings/ Current account, it will be done only in BHD. In the event of closure of any Foreign currency fixed deposit (other than BHD), will be converted into BHD as per ICICI Bank, Bahrain branch card rates prevailing at the time of such closures and credited into your BHD account. Closure proceeds can be transferred only in the name of account holder(s). Third party transfer is not permitted. 							
 If fixed deposit is prematurly closed, the signatures of all the account holders are required. No lien should be marked on the Fixed Deposit(s), or else closure request will not be processed. 							
 I/We am/are aware that I/we would be penalised for premature withdrawal. This is as per Bank's policy. I/We confirm that I/we have received and read a copy of ICICI Bank Limited, Bahrain Branch (the "Bank")'s General Terms and Conditions Governing Account(s) and Secured Facilities. I/We also agree to be bound by the aforesaid terms and conditions, as may be amended from time to time ("Terms and Conditions"), for my/our relationship with the Bank. I/We hereby specifically agree and confirm that the Bank shall be entitled to disclose and/or procure information pertaining to me/us as provided in the Terms and Conditions. The Terms and Conditions are available on www.icicibank.bh 							
	First Applicant	Joint Applicant 1	Joint Applicant 2	Joint Applicant 3			
	BM/ BOM/ Bank official Authorization						
Nar	ne:						
Emp	oloyee ID:		SIGNATURE	OF AUTHORISING OFFICIAL			