

## **Premature Closure Request – Medical Emergency**

Annexure 2

	Date :
To:	
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	_
	_
	_
Dear Sir/Madam,	
Sub : Certificate No	_in the name of
for Rs	
I / We kindly request that the above certific following reason.	cate be pre-closed within the 3-month lock in period due to the
<ol> <li>Medical Emergency</li> <li>Natural Calamity</li> <li>Natural Disaster</li> </ol>	
I / We fully understand that no interest wil deposit.	be paid upon the premature closure of the aforementioned
Yours faithfully.	
1. Signature of 1st depositor 2. Signature	of 2 <sup>nd</sup> depositor (if any)  3. Signature of 3 <sup>rd</sup> depositor (if any)