



**Acceptance of Terms & Conditions for Premature Withdrawal by Survivor**

**(Applicable for Term Deposits)**

Date: \_\_\_\_\_

To,  
The Branch Manager  
Equitas Small Finance Bank Ltd  
Branch: \_\_\_\_\_

Dear Sir/Madam,

Sub : Our AOF/ Customer ID \_\_\_\_\_ - Jointly Held Deposits (Operating instructions:  
Either or Survivor/Former or Survivor

Ref : Term Deposit A/c No. 1) \_\_\_\_\_ 2) \_\_\_\_\_  
3) \_\_\_\_\_ 4) \_\_\_\_\_  
5) \_\_\_\_\_ 6) \_\_\_\_\_

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With reference to the above, we hereby confirm that in the event of the death of either of the depositors under "Either or Survivor" or "Former or Survivor", the Bank is entitled to honour the request of the survivor without seeking the concurrence of the legal heirs of the deceased, premature closure and withdraw the deposit proceeds. Such payment made by the Bank shall be a valid discharge on the part of the Bank. We, the Joint holders under the above Term Deposits hereby confirm our consent to the above.

Signature (to be signed by both the Joint Deposit Holders):

Depositor 1

Depositor 2