

Stale DD/PO Revalidation/Cancellation/Duplicate Issuance/CAPHUB DD Cancellation/Revalidation Request Form

VER 1.0

Branch Name: Sol ID: SR. No:

Customer ID*: Account Number*:

Customer Name*: Prefix First Name Middle Name Last Name

Type of Request (Please tick whichever applicable)

☐ Stale DD Revalidation ☐ Stale DD/PO - Duplicate Issuance ☐ Stale DD Cancellation ☐ CAPHUB DD Cancellation/Revalidation

(DD should be marked as lost in Finacle) (Cancellation can be done without revalidation) (In case of CAPHUB DD, Non Stale DD request can also be raised)

Reason for DD Cancellation / Revalidation / Duplicate Issuance*:

Declaration of loss by customer (if DD is lost / misplaced by customer): I/We confirm that the DD is lost and not in my possession.

Terms and Conditions: I/We have read and understood and agree to be bound by the T&C of the services / Fees & applicable charges can be debited from my account. I/We accept and agree that this declaration shall be in addition to any other declaration provided by me/us with respect to the facility provided by Axis Bank Ltd and agree to indemnify and keep Axis Bank Ltd indemnified from any loss, damage, claim action, costs, charges, and expenses which Axis Bank Ltd may suffer or incur as a result of any defect/misrepresentation made by me/us in the above declaration.

Date: Place:

Annexure - To be filled by Branch	1	2	3	4	5
DD / PO No					
Date					
Amount					
Purchaser's name / Debit to Office Account					
Purchaser's A/c No. if any/Office Account No.					
DD / PO Beneficiary Name					

Mode of Refund* : (Please tick whichever applicable)

☐ Credit to Customer A/c

☐ Credit to DD Cancellation Intermediary A/c (XXXX01291013444)

(In case of CAPHUB DD, Cancellation proceeds will be credited to A/c Number 469012910903)

Branch Declaration

We certify that: a) All particulars in regard to the transaction have been verified and required documentation has been completed as per extant guidelines and as per the Manual of Instructions, Retail Banking, Volume-2, Services. b) The signature of purchaser on the cancellation/revalidation of stale DD/PO and issue of duplicate/cancellation on account of lost stale DD/PO, the request verified against the specimen maintained in Finacle with that in the application (in case of non-customers) c) Revalidation request has been processed in accordance with Circular No. Compliance/45/2007-08 dated 26.03.2008. d) The DD has been checked and also subjected to UV lamp scrutiny and its authenticity is confirmed. The said draft to be revalidated/cancelled does not bear any indications of negotiation like endorsement, un-cancelled crossing stamps of banks etc. e) On revalidation, branch shall modify the date of DD/PO on the instrument and authorise the same under full signature and branch stamp with noting "Revalidated on for a further period upto 90 days". f) Cancellation: We state that we have put a remark on the face of the DD/PO as "Draft/Pay Order cancelled at purchaser's request. g) In case of issue of duplicate DD/PO, branch shall mention the legend "Duplicate issued in lieu of DD No. dated and authorise the same under full signature and branch stamp. h) The required legends would be incorporated on drafts before delivery of revalidated/duplicate DD/PO to the purchaser. i) We shall appropriately reverse the amount credited in DD Intermediary Account on account of cancellation of stale DD/PO issued by the branch for Bank's payments. j) This request letter is complete in all aspect & all relevant documents are obtained & verified for mode of operations and signature of the A/c holder. The request form has been personally submitted by the customer and I have done proper due diligence for executing the request at home / non-home branch. The request may please be processed. DD issued from office account: I confirm that the request is in-line with bank policy, take full responsibility for the same, understand that this can be retained for audit and indemnify the bank against any misuse.

☐ Bank induced request ☐ Customer induced request Employee number

Signature of Employee

Request certified by (BH/OH) (Employee number)

Signature & S. S. No.

Request accepted by

Acknowledgement to Customer

Customer Name: First Name Middle Name Last Name

Request Type: ☐ DD Cancellation ☐ DD Revalidation ☐ Duplicate DD Issuance Date of request:

Name of the Branch Official:
Please Note: Your request will be processed within 2 working days.

Branch Official Signature