



OLP

PREMATURE ENCASHMENT FORM

Registration No.

For Office Use

Date _____

With reference to my/our deposit in OLP PLS Registered Certificate(s) of Deposit bearing below mentioned certificate number(s), I/we enclose the duly discharged certificates for premature encashment. Details are as follows:

DETAILS OF CODs

COD Numbers	Issue Date	Maturity Date	Deposit Amount
Total			

REINVESTMENT OPTION IF ENCASHMENT PROCEEDS (TOTAL / PARTIAL) ARE TO BE ROLLED OVER

With Profit Without Profit

Deposit Plan	Denomination (Rs.)	No. of Certificates	Maturity Period	Amount (Rs.)
Total				

INSTRUCTIONS

All Instructions to remain same as provided in Registration Form Yes No, amend information as given below:

1. Payment Instructions

Send Cheque by Courier

By Bank Transfer

Title of Account _____ Account No. _____

Bank Name _____ Branch: _____ Branch Code _____

2. Delivery of Advice

By Email By Courier Hold Mail

FEED BACK / SUGGESTIONS

Reason for encashment _____

Suggestions to improve our service _____

SIGNATURES

	Name of Applicant(s) / Signatory	Designation (For Institutions)	Signature (with Rubber Stamp if Institutions)
First Applicant / Signatory			
First Joint Applicant / Signatory			
Second Joint Applicant / Signatory			
Third Joint Applicant / Signatory			

For Office Use Only

Database updated by _____ Date: _____ | Checked by _____ Date: _____ | Approved by _____ Date: _____

Note: All Terms and Conditions of the Registration Form and deposit scheme will apply