

ACCOUNT CLOSURE FORM

Date: /.... /.....

Sir,
Please close my/our accounts listed below with immediate effect. Please pay any remaining balance in my/our accounts by cash/cheque.

Saving Account # _____

Name(s) on Account: _____

Current Account # _____

Name(s) on Account: _____

Recurring Deposit Account # _____

Name(s) on Account: _____

Term Deposit Account # _____

Name(s) on Account: _____

Other Account _____

Name(s) on Account: _____ Account Number: _____

Forward closing balance(s) to:

Phone No. _____

Customer Signature _____

Date _____

TO BE SURRENDERED:

1. Account Card / Pass Book
2. Cheque Book
3. ATM Card

Thank you for your prompt attention to this request. Please contact me at the above number if you have questions about this matter.

(Branch Manager)