

Please fill up the form in CAPITAL LETTERS. Fields marked * are compulsory

Date: dd/mm/yyyy

ACCOUNT CLOSURE FORM

The Branch Manager T Bank Ltd Thimphu

Sir.

	se my/our accounts listed below with immediate effect. Please pay any remaining balance in my/our by cash/cheque/transfer.
	Saving Account Number:
	Name(s) on Account:
	Current Account Number:
	Name(s) on Account:
	Recurring Account Number:
	Name(s) on Account:
	Term Deposit Account Number:
	Name(s) on Account:
	Other Account Number:
	Name(s) on Account:
Transfer	to:
	ficiary Name:
	ficiary Account Number:
Bene	ficiary Bank Name:
Custome	er Signature
CID	
	ress:
	ne Number:

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