

\_\_\_\_\_ BRANCH

DATE: \_\_\_\_\_

### ACCOUNT CLOSING REQUEST FORM

Please close my/our following Account:

Name \_\_\_\_\_

A/C No. \_\_\_\_\_

All unused cheques are returned: Yes  No

ATM Card is returned: Yes  No

If not, Why \_\_\_\_\_

Please Debit My/Our account for necessary

charges. Reason for closing:

\_\_\_\_\_

\_\_\_\_\_  
Signature of A/c Holder

#### FOR BANK'S USE ONLY

Department	Objection Yes/ No		Signature of Dept. Head
Customer Service	Objection <input type="checkbox"/>	No Objection <input type="checkbox"/>	
Account & Administration	Objection <input type="checkbox"/>	No Objection <input type="checkbox"/>	
Credit	Objection <input type="checkbox"/>	No Objection <input type="checkbox"/>	

\_\_\_\_\_  
Prepared By

\_\_\_\_\_  
Authorized Signature