

Account Closing Request/Advice

Bi	ranch			Date:	
Please close my/our following a	ccount				
Name:					
Account Number:					
All unused cheque () a	re returned	() are lost.		
Received cash ()) after debit my/ our account no.				
Reasons for closing (If any)					
I hereby declare that I don't have authorize the Bank to recover the Bank to recover the Signature of Account Holder	•			nk and if any	found in future, I hereby
	For Rat	nk's Use (Only		
Department		jection		for objection	
Digital Operations	Yes	No		<u> </u>	
CAD Department	Yes	No			
Finance Department	Yes	No			
Central Operation Department	Yes	No			
Compliance Department	Yes	No			
Verified By,				Autho	rized By,
Name:				Name:	
Employee Code:				Emplo	yee Code:



Payment Slip

	Branch	Date:	
Account Holder's Name:			
Account Number:			
Amount to be Withdrawn	ı (In Figure):		
Amount to be Withdrawn	ı (In words):		
Purpose of Withdrawal: .			
Signature of Account Ho	lder/Claimant		
Verified By,			Authorized By,
Name:			Name:
Employee Code:			Employee Code: