

ACCOUNT CLOSURE

Date:

D	D	M	M	Y	Y	Y	Y

Account Name

Account Number

Branch

Phone Number

Permanent Home Address

Email Address

Reason for Account Closure

Other Reason

Mode of Withdrawal

☐

Cash

☐

Bank Cheque

Kindly attach Board Resolution or Minutes of meeting authorising closure for Non-Individual accounts.

I/We request the closure of my/our account with details stated above. I/We acknowledge that my/our account will be debited with any applicable charges for the closure without prejudice to all other charges/fees that are applicable on my/our account. I/We hereby return/agree to return within five working days days/confirm that I have destroyed all the cheque books and cards issued to me on my/our above stated account; and shall indemnify the Bank for any adverse situation arising out of my/our failure to do so.

Authorised signatory

THIS SECTION IS TO BE ENDORSED BY THE CUSTOMER UPON SUCCESSFUL CLOSURE OF ACCOUNT AND RECEIPT OF BALANCE ON ACCOUNT.

Authorised signatory

FOR BANK USE ONLY

Account Balance

Account Closure Charge

Other Charges

Amount Paid to Customer

Unutilized Instruments Collected and Cancelled?

☐

Yes

☐

No

Verified By

Signature & Date

Approved By

Signature & Date