

**ACCOUNT CLOSURE**

Date: 

D	D	M	M	Y	Y	Y	Y

Account Name

Account Number 

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 Branch

Phone Number 

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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 

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 Account Closure Charge 

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Other Charges 

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 Amount Paid to Customer 

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Unutilized Instruments Collected and Cancelled?  Yes  No

Verified By  Signature & Date

Approved By  Signature & Date