

Branch

	Request for Account Closing		
		Date:	
Dear Sir/Madam			
I/We hereby request you to close my/our Saving Account No.			with
	mount to Mr./Mrs./Ms.		2
after deducting applicable charge		,	
Also please find my/our unused ch	eque leaves number from	to	
and other required documents.			
Thanking you for your kind co-op	peration		
Yours truly,			
Tours truiy,			
Account Holder's Siganture			
Name:			
Account No.:			
Reason for account closing:			
	FOR OFFICIAL USE ONLY:		1
Account Balance:			
We confirmed that the Account H	older has no liability with our department:		
Department	Authorized Signatory	Remarks	
Loan Administration Departmen	nt		
Accounts Department			