

Account Closure Form

Date: DD	MM	YYYY										
CIF Number:			Account Number:									
Customer Name:												
Phone Number:												
Request you to kindly close my/our account and pay the net balance as below												
Closing Balance (Currency/Amount):												
Mode of Paymer	nt											
Demand Draf	t Teleg	graphic Transfer	Account to Account	Transfer (Within Barcla	aysUAE)	Cash Manager's Cheque						
For Telegraphic Transfers /Demand Drafts /Manager's Cheque, please provide the following details												
BeneficiaryName:												
Beneficiary Accou	nt Number:											
Bank Name:	nk Name: Branch:											
Other details:												
Cancellation of Cheques / Debit Cards /Credit Cards												
ATM/Debit Card N	ATM/Debit Card Number: Credit Card Number:											
Un-utilisedChequ	e Numbers:											
Standing Instro	tion (SI)											
Recurrent Date of	Standing In	struction:	Frequency	:	Last SI condu	ucted on:						
Reason for clos	ing											
Leaving country:					Charges:							
Moving to anothe	r bank (plea	se specify name):										
Others (Please specify):												
Declaration: I/We understand that the Bank Accepts no responsibility for any loss or delay which may occur in the transfer, transmission and/or application of funds or (in the case of remittance by telegraphic transfers) for any error, omission or mutilation which may occur in the transmission or any messages or for its misinterpretation when received and I/we agree to indemnify the Bank against any action, proceeding, claims and/or demands that may arise in connection with such loss, delay, omission or mininterpretation. I/We undertake to pay the Bank on demand the full value of any transactions on my arise in connection which have not yet been processed together with any charge application and/or interest. In order to make this payment, the details of the payment (including information relating to those involved in the payment) may be sent abroad, where it could be accessible by overseas regulators and authorities in connection their legitimate duties (eg. the prevention of crime). By completing this form you agree to this on behalf of yourself and others involved in the payment.												
Customer Signatu	re			Customer Signature								
(Primary Applican	t)			(Joint Applicant)								
FOR BANK USE ONL	Y:											
Signature Verifie	d:	Rece	eived by:	A	approved by: _							
Comments:												



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For Telegraphic Tr	ransfers /Demand Draf	ts /Manager's Cheque, ple	ease provide the follo	owing details		
BeneficiaryName:						
Beneficiary Account	: Number:					
Bank Name:			Bra	nch:		
Other details:						
Cancellation of Ch	eques / Debit Cards /Cr	edit Cards				
ATM/Debit Card Nu	mber:		Credit Card Number:			
Un-utilisedCheque	Numbers:					
Standing Instrction	on (SI)					
Recurrent Date of S	Standing Instruction:	Frequency		Last SI cond	ucted on:	
Reason for closin	g					
Leaving country:				Charges:		
Moving to another b	bank (please specify nam	ne):				
Others (Please spec	ify):					
funds or (in the case of misinterpretation when with such loss, delay, which have not yet be information relating to	of remittance by telegraphic to n received and I/we agree to omission or mininterpretation een processed together with to those involved in the paym	pts no responsibility for any loss transfers) for any error, omission to indemnify the Bank against a on. I/We undertake to pay the E any charge application and/or inent) may be sent abroad, where). By completing this form you a	n or mutilation which may any action, proceeding, cl Bank on demand the full nterest. In order to make the it could be accessible to	occur in the tran laims and/or den value of any tran this payment, the oy overseas regul	nsmission or an nands that ma nsactions on m ne details of th lators and auth	y messages or for its y arise in connection y arise in connection e payment (including norities in connection
Customer Signature	į		Customer Signature			
(Primary Applicant)			(Joint Applicant)			
FOR BANK USE ONLY:	:					
Signature Verified:	F	Received by:	<i>P</i>	Approved by: .		
Comments:						