To, STATE BANK OF INDIA Deposit Section 460 Park Avenue, 2nd Floor New York, NY 10022

Tel: 212-521-3200; Fax: 212-521-3361 Email: amdep.nyb@statebank.com

Dear Sir,

CLOSURE OF MY / OUR ACCOUNT NO	. 776-	07934820001
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I/We request you to close my / our above account and dispose the balance as follows (check appropriate box):

✓ Send remittand	e per deta	ils given below	:								
		· · · · · · · · · · · · · · · · · · ·		BENEF	ICIARY DETAIL	_S					
NAME IN FULL	SHIKH	A AGRAWAL									
COMPLETE	35 RIV	35 RIVER DR S APT 311									
MAILING											
ADDRESS	CITY	CITY			JERSEY CITY			STATE NEW JERSI			
				POSTA	AL CODE 07310						
Beneficiary's Bank Details											
A/C NO.	7760793	77607934820001 NAME OF BANK SBI NYC									
BRANCH		k Avenue,			CIT	ry/coui		New Y	York		
SWIFT/SORT C		NY		POSTAL CODE 10022							
Intermediary Bank Details											
NAME OF BANK		**				BR	ANCH				
ADDRESS	-				· %						
SWIFT/SORT C	ODE	. ,									
CURRENCY	· · · · · · · · · · · · · · · · · · ·										
			<u> </u>								
Diposit in my ban		ble to me on the	e followin	ig address:					<u> </u>		
Diposit in my ban	K)IIIIO pro	vided below)									
CITY					S	TATE					
COUNTRY	ľ				POSTAL CO		<u></u>				
✓ Please describ	e below ai	ny other dispos	al method	!;							
PLEASE SEND	THE PA	YMENT TO M	IY BANK	OF AME	RICA ACCOU	INT					
1/0 // 00400476											
A/C # 29100479	94341				· · · · · · · · · · · · · · · · · · ·						
Routing # 0819	04808										
											
Firs	t Applica			Seco	nd Applicant		T	Th	ird Applicant		
Signature:	Λ		Signatu				Signature:		патрысан		
	$A _{\mathcal{N}}$										
	- 0]		
Name: SHIKHA AG	RAWAL		Name:				Name:				
Date: 02/03/2017					Place:						

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