



ACCOUNT CLOSURE FORM

The Branch Manager

T Bank Ltd.

Date/...../.....

..... Branch

Dear Sir/Madam,

Please close my/our account(s) listed below with immediate effect. Please pay any remaining balance in my/ our account(s) by cash/cheque/transfer.

1. Savings Deposit Account Number:

Name(s) on Account:

2. Current Deposit Account Number:

Name(s) on Account:

3. Recurring Deposit Account Number:

Name(s) on Account:

4. Fixed Deposit Account Number:

Name(s) on Account:

5. Foreign Currency Account Number:

Name(s) on Account:

6. Other Account Number:

Name(s) on Account:

7. Reason for Account Closure:

Transfer To:

Beneficiary Name:

Beneficiary Account Number:

Beneficiary Bank Name:

Customer's Signature:

Name:

CID No.: Contact No.:



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T BANK LIMITED

POST BOX: 631

HEAD OFFICE : TCC Complex Building, Samten Lam,

THIMPHU: BHUTAN

TO BE SURRENDERED:

1. Account Card
2. Unused Cheque Books
3. ATM Card

Thank you for your prompt attention to this request. Please contact me at the above number if you have questions about this matter.

FOR BANK USE ONLY

Dealing Official's Signature

Employee ID:

Date:

Manager's Seal & Signature

Employee ID:

Date: