

Date: _

Processed By/Date



PLUS! LETTER OF INSTRUCTION – ACCOUNT CLOSURE FORM

Please complete and mail to:

Plus! U, c/o Oversea-Chinese Banking Corporation Limited, Sky Branch, OCBC Centre, #14-00, 65 Chulia Street Singapore 049513

Dear Sir,
PLUS! SAVINGS ACCOUNT :
PLUS! CARD NUMBER:
I authorize you to:-
FOR PLUS! DEBIT CARD HOLDERS:-
Close my Plus! Savings Account. I understand that upon closure of my Plus! Savings Account, my Plus! Debit card linked to my Plus! Savings Account, wi automatically be terminated. Accordingly, I confirm that my Plus! Debit card has been destroyed.
FOR PLUS! CREDIT CARD HOLDERS (please tick only one):-
Close my Plus! Savings Account BUT leave my Plus! Credit Card active.
Close my Plus! Savings Account AND also terminate my Plus! Credit Card. I confirm that my Plus! Credit card has been destroyed.
Please refund the sums owing to me from the above stated account(s), if any, as per my selection below (please tick only one):
Transfer to my OCBC Passbook Savings / EasiSave / Current / Moneymax / Statement Savings / Seniorate / Al- Wadiah account no*:
Send a Cashier's Order to my account mailing address, by normal post
Send a Cashier's Order to my account mailing address, by registered post. Please deduct the prevailing cost for local registered post (S\$2.30) from the account prior to closure. I understand that should the postal address be outside Singapore, registered postage charges based on prevailing rates apply. In the event that there are insufficient funds, please arrange to send the Cashier's Order by normal post.
will indemnify the Bank against all costs (including legal costs on a full indemnity basis), expenses claims, damages, liabilities, demands, actions, proceedings and losses which may be incurred or suffered by the Bank in relation to or arising out of acceding to my request as aforesaid.
I understand that once closed, the account cannot be used for any further transaction, whether at the self-service banking facilities (eg. ATM, Phone Banking, Internet Banking, etc.) or otherwise and any cheque presented for clearing will be returned notwithstanding that it is dated before the date of closure.
Signature of Account holder (Please sign according to your records with us)
Name of Account Holder
Name of Account Holder :
NRIC/Passport No :
* Please delete where not applicable
FOR BANK USE
For Branch/BU Use Remarks



Department Name

Verified/Authorised By/Date

Postage will be paid by addressee. For posting in Singapore only.

BUSINESS REPLY SERVICE PERMIT NO. 08063



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