



**STATE BANK OF INDIA, \_\_\_\_\_ BRANCH**  
**SAVINGS BANK ACCOUNT CLOSURE FORM**

Date			
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Name of A/C Holder	(1)		
	(2)		
Account No.		Mobile No.	

I/We request you to close my/our account maintained at your branch as

On closure of my/our account, please pay me/us balance in my/our account, after recovering usual bank charges, as under; (Please tick whichever is applicable)

- ( ) Please pay me balance in cash  
( ) Please issue Bankers Cheque / Draft on \_\_\_\_\_ of  
( ) Please transfer balance to the account no. \_\_\_\_\_ at \_\_\_\_\_ branch  
( ) Please transfer balance to following overseas account

Name of A/c Holder			
Account No.			
Name of Bank		Branch	
District		State	
Branch Code No.		IFSC/BIC No.	

\*I/We confirm that no cheque book is issued to me/us on the said account.

\*I/We enclose here with unused Cheque Book No. \_\_\_\_\_ to \_\_\_\_\_ for necessary action. (\* Strike out whichever is not applicable)

**Signatures of Account Holders:**

Name :	Name :

**For Office Use**

Account holder(s) signature(s) verified  
Please close a/c

Charges recovered & A/c closed on  
\_\_\_\_\_ / DC No. \_\_\_\_\_

**Officer In-Charge**

**Assistant**