

STATE BANK OF INDIA, _____BRANCH SAVINGS BANK ACCOUNT CLOSURE FORM

Name of A/C Holder (1) Account No.	.ccount holder(s) sign lease close a/c	ature(s) ver	rified		Charg	es recove		A/c closed No	l on	
Name of A/C Holder (1) Account No.							_			
Name of A/C Holder (1) Account No.	NAME.			Name :						
Name of A/C Holder (1) (2) Account No. Mobile No. /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 isual bank charges, as under; (Please tick whichever is applicable) () Please pay me balance in cash () Please issue Bankers Cheque / Draft on	·			N						
Name of A/C Holder (1) Account No.	-g-arares of freeduit									
Name of A/C Holder (1) Account No.	ignatures of Account	Holders:								
Name of A/C Holder (1) (2) Account No. Mobile No. 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 sual bank charges, as under; (Please tick whichever is applicable) () Please pay me balance in cash () Please issue Bankers Cheque / Draft on () Please transfer balance to the account no of 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. If SC/BIC No. IFSC/BIC							,		101	
Name of A/C Holder (1) Account No.	I/We enclose here v	vith unused	Cheque	Book No		to	,		for	
Name of A/C Holder (1) Account No. Mobile No. 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 sual bank charges, as under; (Please tick whichever is applicable) () Please pay me balance in cash () Please issue Bankers Cheque / Draft on	I/We confirm that no	heque book	is issued to	o me/us on	the said a	account.				
Name of A/C Holder (1) Account No. Mobile No. 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 sual bank charges, as under; (Please tick whichever is applicable) () Please pay me balance in cash () Please issue Bankers Cheque / Draft on	Branch Code No.		IFSC/BIC No.							
Name of A/C Holder (1) (2) Account No. Mobile No. 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 sual bank charges, as under; (Please tick whichever is applicable) () Please pay me balance in cash () Please issue Bankers Cheque / Draft on					ICN				_	
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Name of A/C Holder (1) (2) Account No. Mobile No. We request you to close my/our account maintained at your branch as n closure of my/our account, please pay me/us balance in my/our account, after recovering sual bank charges, as under; (Please tick whichever is applicable) () Please pay me balance in cash () Please issue Bankers Cheque / Draft on	Name of A/c Hold	er								
Name of A/C Holder (1) (2) Account No. Mobile No. We request you to close my/our account maintained at your branch as n closure of my/our account, please pay me/us balance in my/our account, after recovering sual bank charges, as under; (Please tick whichever is applicable) () Please pay me balance in cash () Please issue Bankers Cheque / Draft on	() Please tran	sier balance	to followi	ng overseas	account					
Name of A/C Holder (1) (2) Account No.				_at		branc	ch			
Name of A/C Holder (1) (2) Account No. Mobile No. We request you to close my/our account maintained at your branch as n closure of my/our account, please pay me/us balance in my/our account, after recovering that bank charges, as under; (Please tick whichever is applicable) () Please pay me balance in cash	() Please tra	nsfer balanc	ce to the	account n	0				of	
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Name of A/C Holder (1) (2) Account No. Mobile No. We request you to close my/our account maintained at your branch as							rum, am	ci iccove	img	
Name of A/C Holder (1) (2) Account No. Mobile No.	in closure of my/our	account nla	aca nay m	na/us halan	ca in my	our acco	ount of	er recove	rina	
Name of A/C Holder (1) (2) Account No. Mobile No.	We request you	to close	my/our	account	maintai	ned at	your	branch	as	
Name of A/C Holder (1) (2)	XX.	. 1	1		. , .	1 .		1 1		
Name of A/C Holder (1)	Account No.		Mobile No.							
		(2)	(2)							
	Name of A/C Holde	(1)								
Date						Date				

Officer In-Charge

Assistant