

ACCOUNT CLOSURE REQUEST FORM

DATE: __/__/__

Name: _____

Account Number: _____ Branch: _____

Reason of Closure: _____

Payment details for Balance in account

Cash DD NEFT / RTGS* Credit to Account _____

*(Please fill below details for NEFT/RTGS)

Name of account holder : _____

Bank account no. _____ Reconfirm Account No. _____

Account Type: SB/ NRE/ NRO/ CURRENT/ OD/ CC/ CREDIT CARD

Bank Name: _____ **Branch/City:** _____

IFSC Code: _____

I/We understand, agree and acknowledge that Doha bank shall act solely on the basis of my/our instructions without any responsibility and liability upon the Bank.

1. I/We further declare that I/We have already destroyed all cheque leaves and related card pertaining to above account.
 2. I/We further declare that I/We have enclosed all cheque leaves and related card pertaining to above account along with this application.

CUSTOMER SIGNATURE (To be signed by all account-holders):

Signature (1 Account Holder) Signature (2 Account Holder) Signature (3 Account Holder)

For Bank Use Only

Signature Verified Authorized Signatory Account Closed On

Acknowledgement Slip----- (Cut Here) -----

We acknowledge the receipt of request for closure of account number _____ in the

Name of _____ on _____.