

SERVICE CANCELLATION REQUEST

FOR BANK USE ONLY

Customer No:

Reference No:

SECTION 1 - GENERAL INFORMATION

Name	
ID Card No. (PP No. for foreigners)	<input type="text"/>
Registration No. (for Companies)	<input type="text"/>
Contact No.	<input type="text"/>

I want to Close an Account Cancel Standing Order Cancel Fixed Deposit

Fill in the appropriate section

SECTION 2 - REQUEST FOR ACCOUNT CLOSING

Account(s) to be closed	1. <input type="text"/> 2. <input type="text"/> 3. <input type="text"/> 4. <input type="text"/> 5. <input type="text"/>
Reason for account Closing	
Funds in the account to be	<input type="checkbox"/> Withdrawn Personally <input type="checkbox"/> Transfer to the account mentioned below

Signature:.....

Credit to	Name
	Number <input type="text"/>
	Bank
Third party handover	Name
	ID Card No. <input type="text"/> (passport no. for foreigners)
	Phone No. <input type="text"/>
	Bank

Transfer charges will apply for other bank transfers

SECTION 3 - STANDING ORDER CANCELLATION

Beneficiary Name	Account Number	Currency	Amount
1.	<input type="text"/>		
2.	<input type="text"/>		
3.	<input type="text"/>		
4.	<input type="text"/>		
5.	<input type="text"/>		

SECTION 4 - FIXED DEPOSIT CANCELLATION

Fixed Deposit Account Number	Credit to Account No.
<input type="text"/>	<input type="text"/>

Note: Interest will not be paid if withdrawn before maturity
 *Fixed Deposit terms and conditions will apply.

Signature:.....

DECLARATION

Terms and Conditions for Standing Order Cancellation

- Any payment due on date of receipt of this form may not be changed / stopped

Terms and Conditions for account closure

- Repayment accounts of credit cards and loans cannot be closed unless the outstanding amounts are cleared or another repayment account is assigned
- Any other services (e.g. debit cards, cheques... etc.) provided to the account(s) mentioned will be discontinued with immediate effect.
- For companies and other legal entities, board resolution or other authorization documents should be attached.

D	D	M	M	Y	Y	Y	Y
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Date

Stamp/Seal

Signature

FOR BANK USE ONLY

Manager / Officer comment

Received by

User ID

Signature

Input Processed By

Verified by

Approved by

Date

D	D	M	M	Y	Y	Y	Y
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Time

H	H	M	M
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