



THE CITIZENS' CO-OPERATIVE BANK LTD.,

ADMINISTRATIVE OFFICE;117-A/D GANDHI NAGAR , JAMMU.

Website:www.citizenscooperativebankjammu.com

E-mail: info@citizenscooperativebankjammu.com

EPBAX:2432058, FAX NO;0191 2432036

_____ Branch

ACCOUNT CLOSURE FORM

Account details

Account number: _____

Full Name: _____
Surname First name Middle Name Customer ID

Joint holder 1: _____
Surname First name Middle Name Customer ID

Joint holder 2: _____
Surname First name Middle Name Customer ID

Joint holder 3: _____
Surname First name Middle Name Customer ID

Add separate page for more than 4 account holders

Savings/ Current Account

Please close my abovementioned account held by me/ us with your branch and pay the balance in the account by:

Cash

Pay Order

Cheque book:

I/ We am/are enclosing all unused cheques from the cheque book(s) issued to me/us.

Cheque nos. _____

I/ We confirm that the unused cheques have been destroyed by me/ us.

I/ We confirm that I/ we do not have any unused cheques with me/ us.

ATM Card

I/ We am/are enclosing the ATM card (s) issued to me/ us.

I/ We confirm that my/ our ATM Card(s) has/ have been destroyed by me/ us.

I/ We confirm that the ATM Card(s) has/ have not been issued to me/ us.

Term Deposit

Please repay my/ our Term deposit No. _____ held with your branch for Rs. _____ by:

Cash *

Pay Order

Credit to my/ our account no. _____ held with your _____ branch

* Note: Repayment of deposits exceeding Rs.20,000/- will not be made by Cash and will be made by Pay Order.

Reasons:



THE CITIZENS' CO-OPERATIVE BANK LTD.,

ADMINISTRATIVE OFFICE;117-A/D GANDHI NAGAR , JAMMU.

Website:www.citizenscooperativebankjammu.com

E-mail: info@citizenscooperativebankjammu.com

EPBAX:2432058, FAX NO;0191 2432036

- Unhappy with interest rates.
- Moving residence, no SVC Branch near residence/ office.
- Moving from the city, no convenient branch in new city.

Kindly give us your new address: _____

Unhappy with service (please specify) _____

Unhappy with products (please specify) _____

Comments _____

Signature 1st applicant

Signature 2nd applicant

Signature 3rd applicant

Signature 4th applicant

Place: _____

Date: _____

FOR BANK'S USE ONLY

Cheque book

Destroyed/ Not issued

ATM Card

Destroyed/ Not issued

Balance in the a/c. _____

Service charges (if any) _____

Disbursed by

Cash

Pay Order No. _____ dated _____

Phonebanking Delinked Yes No

ATM Card Delinked Yes No

Signature verified _____
Officer/ Asst. Manager

Approved _____
Branch Manager