## **ACCOUNT CLOSURE FORM**



CUSTOMER DETAILS  All Fields are mandatory				
Date		Customer ID		Branch Code (For office use only)
Customer Name				
Account No.				
INSTRUCTION DETAILS				
I confirm having	destroyed / surrendered my,	our Debit Card		Tick whatever is applicable
I confirm having	destroyed / surrendered all	unused cheques No.	to	Tick whatever is applicable
The reason for closing the account is (Please tick):  Consolidating Account - Within The Bank / Another Bank  Branch Location  Change of Employer  Change in Status (Resident / NR)  Unable to maintain minimum balance  Unhappy with Service  Unhappy with account features  Others  Others  The balance amount may be refunded by way of (Please tick):  Residence Relocation  Closure of business due to financial loss  Closure of existing firm and opening a new firm  Customer reported missing  Customer Deceased  Unterport of existing firm and opening a new firm  Customer reported missing  Customer Deceased  Unterport of existing firm and opening a new firm  Customer reported missing  Customer Deceased  Unterport of existing firm and opening a new firm  Customer reported missing  Customer Deceased  Unhappy with account features  (Please specify specific Account feature)  (Please mention reason for Closure in details)				
* DD Payable at				
	Transfer to my AU Small Final	nce Bank Ltd. Account		
	NEFT/RTGS			Branch
I/ we am/ are aware that my/our Saving/ Current Account will get closed and any ECS/ NACH / SI linked to this account would get closed / deleted on closure of my Account. The Bank will not be held liable for the dishonour of any un-presented or uncleared cheque, as on the date of submission of this account closure instruction.  Mobile No. for Correspondence  Country Code				
,	umb Impression of 1st Applicant on shall be attested by 2 Witnesses)	Signature / Thumb Impress	sion of 2nd Applicant	Signature / Thumb Impression of 3rd Applicant
Witness 1 Name Witness 2 Name				
			Address	
Signature	ignature		Signature	
Place	Date		Place	Date
For Savings / Individual Current account - All the account holders to sign For Current accounts - As per BR / relevant authorization documents  BANK USE SECTION				
Service Request Number Name of Bank Staff & employee code				
DateBranch stamp				
AU SMALL FINANCE BANK LTD. CUSTOMER ACKNOWLEDGEMENT SLIP - ACCOUNT CLOSURE (for bank use)				
Received From Account Number				
Service Request Number Name of Bank Staff & employee code				
Date Bank Staff Signature		E	Branch stamp	