

Service Request – Account Closure Form



Date: ____/____/____

Branch: _____

Present Account Details

Account Name:																				
Master Number:																				

Account Closure Instructions

Close all Accounts under Master

Master Number: _____

Close the below Accounts

Account Number																				
Account Number																				
Account Number																				

Balances on Accounts

Withdraw Cash
 Credit another SCB account
 By Cashier Order

Other Instructions

SCB Acc Number _____

Beneficiary Name: _____

Reason for Closing Accounts

Services on Accounts

By closing the above mentioned accounts, I understand that the following services linked to the mentioned accounts would be cancelled with immediate effect.

Debit Card
 Cheque Book
 Personal Loan
 Standing Orders

Insurance
 Blocked Charges
 Sweeps
 Others _____

A/c holder Signature 1

A/c holder Signature 2

For Joint accounts: if mandate is both to sign, both signatures are required

For Bank Use only

Relationship Number: _____

Customer in Person

Signature Verified by: _____

Supporting Documents checked by: _____

Approved By: _____