

Closure/Encashment Form



Service Request Form-4

(USE BLOCK LETTERS & CROSS OUT UNUSED SECTIONS)

Please Fill in the Required Section(s) Only

Date	D	D	M	M	Y	Y	Y	Y	Time		AM	PM	Branch / Center Name	
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Account Title:	
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Account / FDR / DPS / Scheme Deposit Encashment

A/c / FDR/ Scheme Account No. 1					-									
A/c / FDR/ Scheme Account No. 2					-									
A/c / FDR/ Scheme Account No. 3					-									
A/c / FDR/ Scheme Account No. 4					-									
A/c / FDR/ Scheme Account No. 5					-									

Encashment Type	☐ Pre-matured	☐ Matured
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Reason for Closure	☐ Leaving Bangladesh ☐ Moving to Other Bank ☐ Personal Reason ☐ Service Quality Concern ☐ Other
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Payment of Closing Balance ☐ Fund Transfer to ONLY A/C Holder's A/C No..... A/C Name..... ☐ Pay Order favoring to ONLY A/C Holder's Name ☐ BEFTN/RTGS to ONLY A/c Holder's Name..... A/C Holder's A/C Number # Routing#..... Bank Name: Branch Name:.....
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Declaration: I / we have understood, authorized & advised the bank to comply the above instruction.

.....
Signature: 1st Applicant

.....
Signature: 2nd Applicant

.....
Signature: 3rd Applicant

For Bank Use Only			
Unused Cheque Book: ☐ YES ☐ NO	From	To	Received & Destroyed ☐
ATM /Debit Card: ☐ YES ☐ NO	Charge Realized ☐ YES ☐ NO	Received & Destroyed ☐	
Customer's Liability ☐ YES ☐ NO	Disabled Auto Debit Instruction ☐ Yes (if any)		
Customer Physically Present ☐ YES ☐ NO			
If customer not physically present in your Branch then complete below Call Back Details:			
Contact number called:	Call Made from (MDB number):	Call Back CSM/BM	
Name of Contacted Person: A/C Holder Only	Date & Time of Call Made:	Name Seal & Sign:	
Result of Call Back: ☐ Positive ☐ Negative			

We the undersigned confirm that all the related document(s) has been duly checked & verified, are in order as per MDB OM/SOP/related circulars and all necessary approval(s) are taken:

.....
Verifying Officer
CSO Sign & Name Seal

.....
Authorizing Officer
CSM Sign & Name Seal

.....
Branch Head Approval
BM Sign & Name Seal