

ACCOUNT CLOSURE REQUEST



Date: / / 20

Customer Name: _____ Branch: _____

I/ We hereby request Al Masraf to close our below Account(s):

S. No.	Account Number	Name on the Account/ Account Title
1		
2		
3		

Reason for Account Closure

- Account(s) maintained with Other Bank Unresolved Complaints Closure of Business
 Relocation Others Please specify: _____

I/ We authorize you to debit our account for any charges and transfer the remaining balance as:

- Telex Transfer Demand Draft/ Manager's Cheque Account to Account Transfer (within Al Masraf)

Please complete the below details:

Beneficiary Name: _____ Beneficiary Account Number: _____
Beneficiary Address: _____ Bank Name: _____
Bank Address: _____ IBAN: _____
Transfer Currency: _____ Transfer Amount: _____

To be filled only for outside UAE Transfer:

Country/ City: _____ SWIFT Code: _____

Please note that account closure requests take up to 7 working days and subject to meeting below requirements:

1. Submission of KYC and Contact Details form in case customer holds any other relationship along with self-attested copies of EID and Passport (only if EID unavailable)
2. Unutilised cheque books, if any, are returned / canceled.
3. Cancellation of all related products & services linked to this account.
4. Settle any outstanding amounts.
5. Bank will provide the final account statement on the registered email address.

Declaration

I/ We _____ hereby declare that all the information provided above is true and correct and to the best of my knowledge and belief. I also agree that the Bank shall not be held responsible in case of any erroneous or incomplete information causing delay in completing account closure formalities including transmission of funds. This request is subject to Al Masraf's General Terms and Conditions of Accounts and Banking Services, as amended from time to time.

Customer's Signature / Stamp

Customer Signature (Joint Applicant - if any)

For Branch Use Only

Received By: Name: _____ Signature: _____
Date: / / 20

Signature Verified By: Name: _____ Signature: _____
Date: / / 20

Approved By: Name: _____ Signature: _____
Date: / / 20

Comments: _____