STATE BANK OF INDIA

APPLICATION FOR CLOSURE OF SAVINGS BANK / CURRENT / DEPOSIT ACCOUNT

To, The Branch Manager, State Bank of India, Date: ____/____/20____

Branch Name / Code: _____

1. ACCOUNT PARTICULARS	
Full Name of Account Holder(s): _____	
Account Number: _____	CIF Number: _____
Type of Account: [ ] Savings Bank [ ] Current [ ] Term Deposit / RD	
Reason for Account Closure: _____	
2. SURRENDER OF UNUSED ITEMS	
[ ] Passbook [ ] Unused Cheque Leaves [ ] ATM / Debit Card	
I/We confirm that all other unused cheque leaves and debit cards have been destroyed by me/us.	
3. SETTLEMENT / REMITTANCE OF BALANCE AMOUNT	
Please remit credit balance (after deducting applicable charges) via:	
Mode: [ ] Credit to SBI A/c [ ] Banker's Cheque/DD [ ] Cash [ ] NEFT/RTGS	

DECLARATION BY ACCOUNT HOLDER(S)

I/We request you to close my/our account mentioned above and pay/transfer the balance amount. Upon receipt of the proceeds, the Bank is fully discharged from all liabilities with respect to this account.

Date: ____/____/20____ _____

Place: _____ **Signature(s) of Account Holder(s)**

FOR BANK USE ONLY (SBI BRANCH ENDORSEMENT)
Signature verified with CBS Finacle system records. Surrendered items verified. Account closed in CBS.
Balance Amount Paid: Rs. _____ via Cash / Transfer / DD.
Maker (Staff No): _____ Sig: _____ Checker / Branch Manager (Staff No): _____ Sig & Stamp: _____