

Account Closing Form

Date:

Note: Please complete in BLOCK letters and sign in the appropriate space.

Branch: _____

PLEASE CLOSE THE BELOW MENTIONED ACCOUNT/S

Account No.(1):

All services to be cancelled related to this account

Account No.(2):

All services to be cancelled related to this account

In the name of: _____ Tel. No.: _____

The reason for closing my account/s is:

- Leaving Oman
- Switching my account to another bank
- Transferring to my other account
- Quality of Bank Nizwa Service
- Bank Nizwa Fees/Policies
- Others (please specify): _____

Return Proceeds as:

- Cash
- Demand Draft
- Pay Order
- Transfer to A/C No.: _____

Signature/Thumb Impression	Signature/Thumb Impression Verified (Bank use only)

FOR BANK USE ONLY

Balance as of closure request date: _____	Outstanding Liabilities settled: <input type="checkbox"/> Yes <input type="checkbox"/> No
Accrued profits as of closure request date: _____	Cheque Book surrendered From: _____ To: _____
Charges: _____	ATM Card No.: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Net Proceeds: _____	<input type="checkbox"/> Surrendered <input type="checkbox"/> Deleted <input type="checkbox"/> Not Surrendered <input type="checkbox"/> Card Blocked
	Standing Instructions cancelled: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Block/Freeze removed: <input type="checkbox"/> Yes <input type="checkbox"/> No

SIGNATURES

Branch Staff	Assistant Branch Manager	Branch Manager
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