

Date :

SAVING ACCOUNT NO.

I/WE _____ request you to close my / our saving account/s at _____ branch.

Pay the proceeds by:

Cash Banker's Cheque/DD Credit to account

I/We confirm that all unused cheques issued to me/us have been enclosed/destroyed by me/us (No's From _____ to _____)
I/We have enclosed / destroyed the following ATM/Debit Card/s issued to me/us

Primary Account holder : Card Number

Joint Account holder : Card Number

It was our privilege to have you as our customer at Capital Small Finance Bank Ltd., it has been our constant endeavour to bring forth to the customer a range of products suiting his/her specific needs at a minimal cost with a strict adherence to quality standards.

We sincerely appreciate if you could take a few moments of your precious time to fill up the following feedback form

Reason for Closure of Account

Reason Code	Reason	Please ✓
01	Shifted to other location where there is no Capital Bank	<input type="checkbox"/>
02	Opening the account in some other Branch – Transfer of account	<input type="checkbox"/>
03	Opening the account in some different product scheme	<input type="checkbox"/>
04	Unhappy with service	<input type="checkbox"/>
05	Average Quarterly Balance/Charges on the higher side	<input type="checkbox"/>
06	Dissatisfied with the present product offering	<input type="checkbox"/>
07	The account holder is deceased	<input type="checkbox"/>

Unhappy with service/product offering(please specify) _____

Others (please specify) _____

Kindly provide us your contact details _____

Full Names & Signatures of all(in case of more applicants,please use an additional form)

Primary Account Holder	Full Name	Signature
Joint Account Holder-1	Full Name	Signature
Joint Account Holder-2	Full Name	Signature

FOR OFFICE USE

Received request for A/C closure on _____ by _____ (Name of executive)

Present A/C Balance Rs. _____

(Signatures)

APPROVAL OF BRANCH HEAD FOR CLOSURE OF A/C

Analysed the reason and permitted to close the account.

(Br. Head)