

Account Closing Form

Date:

Branch: _____

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

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:

- | | |
|---|--|
| <input type="checkbox"/> Leaving Oman | <input type="checkbox"/> Non availability of Internet banking |
| <input type="checkbox"/> Switching my account to another bank | <input type="checkbox"/> Non availability of SMS alerts |
| <input type="checkbox"/> Transferring to my other account | <input type="checkbox"/> Non availability of eStatements |
| <input type="checkbox"/> Quality of Bank Nizwa Service | <input type="checkbox"/> Less branches of Bank Nizwa |
| <input type="checkbox"/> Bank Nizwa Fees/Policies | <input type="checkbox"/> Non availability of IVR / Cash deposit on CDM |
| <input type="checkbox"/> Others (please specify): _____ | <input type="checkbox"/> Non availability of Bill Payments |
| <input type="checkbox"/> Non availability of Debit Card / Credit Card | |

Return Proceeds as:

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Cash | <input type="checkbox"/> Demand Draft |
| <input type="checkbox"/> Pay Order | <input type="checkbox"/> 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"/>
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