

HSBC ACCOUNT CLOSING FORM

The Manager,

HSBC Bank Middle East Limited

Branch _____

On _____ please close my/our account no: _____ and

pay the net balance by :

| | | |
|--------------------------|--|---|
| <input type="checkbox"/> | A transfer to my/our account number: _____ | |
| <input type="checkbox"/> | Cash | Please fill the details below only for TT/DD/COC <input type="checkbox"/> Mail DD/COC |
| <input type="checkbox"/> | Telegraphic Transfer (TT) | Beneficiary Name: _____ |
| <input type="checkbox"/> | Demand Draft (DD) | Beneficiary IBAN _____ |
| <input type="checkbox"/> | Cashier's Order (COC) | Currency of Beneficiary IBAN _____ |
| | Bank Name: _____ | |
| | Address : _____ | |

ATM Card/Cheque Book/Yasmeen Card

Cancel my/our ATM Card(s)

Cancel unused cheque leaves from _____ to _____ if applicable

Cancel my Yasmeen Card

Credit / Debit Cards (if applicable)

VISA CARD No. : _____ MasterCard No. : _____

Cancel the above cards with immediate effect and DEBIT my/our above account for the entire amount outstanding.

I/We would like to retain the above cards, My/our employment and contact details are as follows:

Employer Name : _____ New Bank (if Any) : _____

Employer Address : _____ Salary amount : _____

: P.O. Box _____

Telephone (Res) : _____ (Off) _____ (Ext) _____ (Mobile/Pager) _____

Standing Instruction

Cancel with immediate effect Transfer to Account No: _____

Reason for closing my/our account: _____

Customer Signature

I/We understand that the Bank accept no responsibility for any loss or delay which may occur in the transfer, transmission and/or application of funds or (in the case of remittance by telegraphic transfers) for any error, omission or mutilation which may occur in the transmission of any message or for its misinterpretation when received and I/We agree to indemnify the Bank against any actions, proceedings, claims and/or demands that may arise in connection with such loss, delay, error, omission or misinterpretation. I/We undertake to pay the Bank on demand the full value of any transactions on my Credit/Debit card which have not yet been processed together with any charge applicable and/or interest.

** I/We acknowledge that I am/We are responsible for destroying any unused cheques which were not returned by me/us to the Bank, at the time of account closing.*

Name 1 _____ Signature 1 _____

Name 2 _____ Signature 2 _____

| For Bank use Only | | |
|--------------------|-----------------------------------|---|
| Signature Verified | Authorised Signatory / Bank Stamp | Account Closed by NSC <input type="checkbox"/> Branch <input type="checkbox"/> Date: |

