



Account Closure Form

Customer Use		For Bank Use Only	
Branch Name	Date <input style="width: 10px; height: 15px; border: none; border-bottom: 1px solid black;" type="text"/> <input style="width: 10px; height: 15px; border: none; border-bottom: 1px solid black;" type="text"/> <input style="width: 10px; height: 15px; border: none; border-bottom: 1px solid black;" type="text"/> <input style="width: 10px; height: 15px; border: none; border-bottom: 1px solid black;" type="text"/> <input style="width: 10px; height: 15px; border: none; border-bottom: 1px solid black;" type="text"/> <input style="width: 10px; height: 15px; border: none; border-bottom: 1px solid black;" type="text"/> <input style="width: 10px; height: 15px; border: none; border-bottom: 1px solid black;" type="text"/>	<input style="width: 10px; height: 15px; border: none; border-bottom: 1px solid black;" type="text"/> <input style="width: 10px; height: 15px; border: none; border-bottom: 1px solid black;" type="text"/> <input style="width: 10px; height: 15px; border: none; border-bottom: 1px solid black;" type="text"/> <input style="width: 10px; height: 15px; border: none; border-bottom: 1px solid black;" type="text"/> <input style="width: 10px; height: 15px; border: none; border-bottom: 1px solid black;" type="text"/> <input style="width: 10px; height: 15px; border: none; border-bottom: 1px solid black;" type="text"/> <input style="width: 10px; height: 15px; border: none; border-bottom: 1px solid black;" type="text"/>	CLA
Customer Name	Debit Transaction Code <input style="width: 10px; height: 15px; border: none; border-bottom: 1px solid black;" type="text"/> <input style="width: 10px; height: 15px; border: none; border-bottom: 1px solid black;" type="text"/> <input style="width: 10px; height: 15px; border: none; border-bottom: 1px solid black;" type="text"/>		
Account Number	<input style="width: 10px; height: 15px; border: none; border-bottom: 1px solid black;" type="text"/> <input style="width: 10px; height: 15px; border: none; border-bottom: 1px solid black;" type="text"/> <input style="width: 10px; height: 15px; border: none; border-bottom: 1px solid black;" type="text"/> <input style="width: 10px; height: 15px; border: none; border-bottom: 1px solid black;" type="text"/> <input style="width: 10px; height: 15px; border: none; border-bottom: 1px solid black;" type="text"/> <input style="width: 10px; height: 15px; border: none; border-bottom: 1px solid black;" type="text"/> <input style="width: 10px; height: 15px; border: none; border-bottom: 1px solid black;" type="text"/>		
A/c.Balance	<input style="width: 10px; height: 15px; border: none; border-bottom: 1px solid black;" type="text"/> <input style="width: 10px; height: 15px; border: none; border-bottom: 1px solid black;" type="text"/> <input style="width: 10px; height: 15px; border: none; border-bottom: 1px solid black;" type="text"/>		
The balance as at	<input style="width: 10px; height: 15px; border: none; border-bottom: 1px solid black;" type="text"/> <input style="width: 10px; height: 15px; border: none; border-bottom: 1px solid black;" type="text"/> <input style="width: 10px; height: 15px; border: none; border-bottom: 1px solid black;" type="text"/> <input style="width: 10px; height: 15px; border: none; border-bottom: 1px solid black;" type="text"/> <input style="width: 10px; height: 15px; border: none; border-bottom: 1px solid black;" type="text"/> <input style="width: 10px; height: 15px; border: none; border-bottom: 1px solid black;" type="text"/>		
Transfer To			
A/c.Name			
A/c.Number	<input style="width: 10px; height: 15px; border: none; border-bottom: 1px solid black;" type="text"/> <input style="width: 10px; height: 15px; border: none; border-bottom: 1px solid black;" type="text"/> <input style="width: 10px; height: 15px; border: none; border-bottom: 1px solid black;" type="text"/> <input style="width: 10px; height: 15px; border: none; border-bottom: 1px solid black;" type="text"/> <input style="width: 10px; height: 15px; border: none; border-bottom: 1px solid black;" type="text"/> <input style="width: 10px; height: 15px; border: none; border-bottom: 1px solid black;" type="text"/>		
Reason For Closing the Account		أسباب إغلاق الحساب	
<input type="checkbox"/> Leaving the Country for good	<input type="checkbox"/> Poor Customer Service	<input type="checkbox"/> High Service Charges	<input type="checkbox"/> مغادرة البلاد نهائياً
<input type="checkbox"/> Change of Sponsorship	<input type="checkbox"/> Competitor's Attractive Package	<input type="checkbox"/> ارتفاع مصاريف الخدمات	<input type="checkbox"/> ضعف خدمة العملاء
<input type="checkbox"/> Other reason (please specify)		<input type="checkbox"/> تغير الكفيل	<input type="checkbox"/> مزايا مغرية ومنافسة من البنوك الأخرى
		<input type="checkbox"/> أسباب أخرى (برجاء التوضيح)	<input type="checkbox"/> يدفع لي
Please close the above account number			
I wish the interest accrued on the account to be	الفائدة المستحقة للحساب، أرغب أن		
Paid to me	<input type="checkbox"/>	تدفع لي	
Retained by QNB	<input type="checkbox"/>	تحفظ بها البنك	
Customer signature			
Date	<input style="width: 10px; height: 15px; border: none; border-bottom: 1px solid black;" type="text"/> <input style="width: 10px; height: 15px; border: none; border-bottom: 1px solid black;" type="text"/> <input style="width: 10px; height: 15px; border: none; border-bottom: 1px solid black;" type="text"/> <input style="width: 10px; height: 15px; border: none; border-bottom: 1px solid black;" type="text"/> <input style="width: 10px; height: 15px; border: none; border-bottom: 1px solid black;" type="text"/> <input style="width: 10px; height: 15px; border: none; border-bottom: 1px solid black;" type="text"/>		
BCO Use			
Action Taken			
Cleared Account Balance	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Cleared Account Interest	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Processed			
Entered	Checked		
<input style="width: 10px; height: 15px; border: none; border-bottom: 1px solid black;" type="text"/>	<input style="width: 10px; height: 15px; border: none; border-bottom: 1px solid black;" type="text"/>	<input style="width: 10px; height: 15px; border: none; border-bottom: 1px solid black;" type="text"/>	<input style="width: 10px; height: 15px; border: none; border-bottom: 1px solid black;" type="text"/>
Initials	Date	Initials	Date
Account to be closed for internal and operational reasons			
Recommended by _____			
Approved by _____			
Prepared		Checked	
<input style="width: 10px; height: 15px; border: none; border-bottom: 1px solid black;" type="text"/>	<input style="width: 10px; height: 15px; border: none; border-bottom: 1px solid black;" type="text"/>	<input style="width: 10px; height: 15px; border: none; border-bottom: 1px solid black;" type="text"/>	<input style="width: 10px; height: 15px; border: none; border-bottom: 1px solid black;" type="text"/>
Initials	Date	Initials	Date