



STATE BANK OF INDIA
200 N La Salle Street Suite - 500
Chicago IL 60601
Tel: 312-621-1200; Ext: 252/253/254/255

APPLICATION FOR CLOSURE OF ACCOUNT

CLOSURE OF MY/OUR ACCOUNT NO. 777 _____

[] Savings account [] Checking account [] Money market account [] Certificate of Deposit

Name of the Account Holder(s) : _____

Reason for Closure : _____

I/We request you to close my / our account and dispose of the balance as follows (check appropriate box)

- [] Pay proceeds by Cash (In Person Only)
[] Official check payable to me/us and:
[] I will Pick up Myself.
[] Mail the Check to the registered address by Regular Mail*/ Certified Mail*/ Federal Express*.
[] Mail the Check to the following address by Regular Mail*/ Certified Mail*/ Federal Express*:

Form with fields for CITY, STATE, COUNTRY, and ZIP CODE.

Please enclose copy of latest ID proof with address for all account holders along with Closure form

- [] Send remittance to India as per the enclosed application for remittance to India*
[] Send wire as per the enclosed wire transfer request*

*Charges will apply

Signatures of All Account Holders

Table with columns for FIRST ACCOUNT HOLDER, SECOND ACCOUNT HOLDER, and THIRD ACCOUNT HOLDER. Rows include Signature, Name, Date, and Place.

For Office Use Only section with fields for Application scrutinized, Account closed on, Balance in the account, ASSOCIATE, and AUTHORISED OFFICIAL.

