

सबैका लागि, सद्यैका लागि Putali Sadak, P.O. Box: 21128, Kathmandu, Nepal, Tlx: 2853 KUMARI NP, Tel:4232112/113, Fax: 977-1-4231960, E-mail: info@kbl.com.np

ACCOUNT CLOSURE REQUEST FORM

Date:	
M/S Kumari Bank Limited	
Branch	
I/We request you to close my / our below mentioned account with yo	ur Bank.
Type of Account: Current Savings	Others (Specify)
Account No. :-	(-F
Account Name :-	
Street Address:-	201
	ffice :-
Reason For Closing:-	
Please Debit my/our above Account for Account Closing Charge or other Dues (if an	<i>y</i>)
Thanking You	
	Applicant's Signature (s)
For Bank's Use Only	
Initial (s)/Comments of :	
Supervisor - A/C Opening : Supervisor - L/C & G'tee :	
Supervisor - Loans and Bills :	
Supervisor - Credit/Marketing :	· 20
Supervisor - Accounts :	,
Supervisor - Administration :	
Others :	
Debited A/C Closing charge NPR/USD/	
Entered By	Authorized By