



# HSBC ACCOUNT CLOSING FORM

Date: ..... / ..... / .....

The Manager,

**HSBC Bank Middle East Limited**

\_\_\_\_\_ Office

On \_\_\_\_\_ please close my/our account no: \_\_\_\_\_ and

pay the net balance by :

A transfer to my/our account number: \_\_\_\_\_

Cash **Please fill the details below only for TT/DD/COC**  Mail DD/COC CCY \_\_\_\_\_

Telegraphic Transfer (TT) Beneficiary Name : \_\_\_\_\_

Demand Draft (DD) Beneficiary Account : \_\_\_\_\_

Cashier's Order (COC) 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: .....