APPLICATION FOR CLOSURE OF ACCOUNT



मलेखु कार्यालय फोन नं. ०१०-४०००४९, ४०००५० सदस्य सेवा केन्द्र, बैरेनी, फोन नं. ०१०-४०३०४२ सदस्य सेवा केन्द्र, आदमघाट, फोन नं. ०१०-४०४०७२ सदस्य सेवा केन्द्र, बेनिघाट, फोन नं. ०१०-४१६०४०

To Chief Executive Officer,				Da	ate :	П	D M	М	ΥY	Υ	Y
Janakalyan Saving & O	Credit Cooperative Society Ltd.							1.2.1			ت
	Head Office / Service Center										
	Ref. : Closure of	Account									
Dear Sir/Madam,	Acco	ount No. :	Т			Т	Т	Т	П		\neg
Please close my/our f	ollowing Account :										_
Name :							• • • • • • • • • • • • • • • • • • • •				••••
All unused cheque [] are return	ned [] a	re lo	st an	d I/	/we
indeminify you agains	st any claim. Losses and demands w	/hatsoever	which	you	ı ma	y ind	ur o	r sus	tain	in t	his
connection.											
Reasons for closing (I	f any):										
Please debit my/our account for the applicable charge.			Signature of the Account Holder								
Balance Amount	:		SI	gnat	ure	ot tr	ie Ac	coui	nt Ho	olae	er
Less Charge	:										
Interest Exp.	:										
Less Interest Exp. Tax	:										
Settlement Amount	:										
Total Balance Payable	:										
Please close the acco	unt.										
Approved by				•••	Aut	horis	sed S	igna	ture	••	