

Account Closure Request
Personal Banking and Business Banking Accountholders

NOTE: Please fill-in this form in "BLOCK" letters and sign at all required places.					* Indicates mandatory field	
Date*	Branch* Y Y Y Y Code			Name		
Account Details for Closure						
Account Name *						
Account Number *						
Request Details						
Reason for Account Closure *	Lack of Services	Qua	lity of Service	Fees and Charges	Leaving the Country	
	Other (please sp	pecify)				
Account Closure Instructions *	Please close the above mentioned account and provide the balance amount as cash					
	Please close the above mentioned account and provide the balance amount as a Demand Draft in favour of					
	Please close the	Please close the above mentioned account and transfer the balance amount as Funds Transfer to the below:				
	Account Number					
	Bank Name					
	Branch Name & Ad	ldress				
	City			Country		
Cancellation of Services *	Debit Card	Already ca	Already cancelled and discarded Please cancel the card surrendered			
	Cheque Book Already can		ancelled and discard		he cheque book surrendered	
Fee and Charges * Disclosure	Standing Instructio Debit all fee and			structions (if any) on the request from the aforem	aforementioned account nentioned account	
The process is subject to complete verifiand may take additional time to process	·	•	ة التحقق وقتاإضافيالمعالجة		تخضع المعاملة للتحقق الكامل من صحة البيانا،	
additional information required.	·			ة وجوداي معلومات إضافية مطلوبة. 	الطلب. قديتواصل بك أحدموظفي البنك في حال	
Declaration I/We hereby request HBL to process	ss the above mentioned	d Request. I/We, the und	dersigned, hereby decla	ire to have read and uncond	itionally agree to HBL's Terms and	
Conditions. I/We hereby indemnify I	HBL and hold HBL harm	nless against any loss, cos	t, damage or liability, in	curred by HBL as a result of fo	ulfilment of this request.	
Primary Accountholder Name		Cignature	Cianatur	re Verification (Branch Staff)		
Primary Accountholder Name		Signature	Signatui	e verification (Branch Staff)		
laint Assaulathalder Nama		Cignoture	Cignotus	a Varification (D. J. C. (1)		
Joint Accountholder Name		Signature	Signatur	e Verification (Branch Staff)		
Joint Accountholder Name		Signature	Signatur	re Verification (Branch Staff)	Company Stamp (For Business Accountholders)	
For Bank Use only						
Mode of Delivery	In-Person	By representati	ve O	ther		
Callback Verification	Not required	Call back requir	ed & verified on Ph	one #		
Fee and Charges						
Request Received On	D D M N Name	M Y Y Y	Processe Y Signature	D D M	м у у у у Date	
CSO/Relationship Manager			J.g. Mature			
Approved by (if any exception)						
Processed by						
Supervised by						