HBL

حبيب بنك المحدود
HABIB BANK LIMITED

Safe Deposit Locker Closure Form

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 * D D M M Y Y Y Y **Branch *** Code Name

Account Details

Account Name *

Account Number * Customer ID *

Request Details

Locker Branch * Code Name

Locker Details * Locker No. Locker Key No. Size ☐ Small ☐ Medium ☐ Large

Reason of closure * ☐ Not in-use ☐ Rent is too high ☐ Other

Declaration

I/We hereby request HBL to close the locker with the above mentioned Locker Number. I/We declare and confirm that all the information stated herein and in other documents provided to HBL by me/us is true and accurate in all respects. I/We hereby authorize HBL to debit my/our aforementioned account towards recovery any outstanding charges pertaining to the locker.

I/We also authorize HBL to credit the Security Deposit after adjustment of any outstanding dues (if applicable) to my/our aforementioned account number.

Accountholder Name	Signature	Signature Verfication (Branch Staff)	
Joint Accountholder Name	Signature	Signature Verfication (Branch Staff)	
Joint Accountholder Name	Signature	Signature Verfication (Branch Staff)	
Joint Accountholder Name	Signature	Signature Verfication (Branch Staff)	Company Stamp (For Business Accountholders only)

For Bank Use only

Locker Closure Checklist

- ☐ Customer's Account has been debited for the outstanding charges
- ☐ Security Deposit has been refunded to account
- ☐ There are no outstanding dues for the locker
- ☐ Locker surrendered and all contents removed
- ☐ Locker is in the following physical condition: (Please tick mark only one) ☐ Good ☐ Average ☐ Poor
- ☐ Locker has been marked closed
- ☐ Locker key has been (Please tick mark only one) ☐ Lost by the customer ☐ Received from the customer
- ☐ Copy of Emirates ID for Primary and Joint Accountholder(s) (For UAE Nationals and Residents only)
- ☐ Copy of the passport (first page, signature page) for Primary and Joint Accountholder(s) (For Non-Residents only)

	Name	Signature	Date
Approved by			
Processed by			

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