

Date:/																		
Manager/In-charge	Account Number:																	
BRAC Bank Ltd. Branch/Unit:		Acco	unt T	itle:														
ACCOUNT CLOSURE	APPLICA	ADITA	J															
Dear Sir/Madam,																		
Kindly make necessary are due to my/our personal re	_	s to clo	ose th	ne foll	lowir	ng pe	rson	al/b	usin	ess a	iccou	nt m	naint	tain	ed in	my/	our r	name
Account Type:																		
Account Number:																		
Account Title:																		
☐ Unused Cheque leav	es			t	0 _					ar	e atta	ache	d fo	r dis	sposa	al/de	stroy	ed.
☐ ATM/Debit card(s)				ar	nd _					ar _	e atta	ache	d fo	r dis	sposa	al/de	estroy	ed.
☐ Key	for my	our lo	cker :	facilit	y is s	urrer	nder	ed.										
Please cancel any all sta applicable), after realization Cash Fund Tran Remittance (encl: ap Other (specify):	on of all ap	plicable	e cha entior	rges/ ned Ti	fees, ransa	, as p	er th	ne fo	ollow unt:	ing i	nstru 	ctio	ns:					
/c Holder's Signature											Jo	int A	/c H	olde	r's Si	gnat	ure (if	any)
Bank Use Only						Tra	cke	r No	o :									
Bank Use Only						Tra	cke	r No	D :									

 \Box Closing Charges Realized / Waived by BM (pls tick/highlight $\sqrt{\ }$) \Box Other Remarks (if any):