सेन्ट्रल फाईनान्स लि.
CENTRAL FINANCE LTD.
Serving Your Financial Needs

..... Branch

Account Closing Form

Date: .....

Please close the Account no. ..... of Mr./Mrs./Ms. .....

maintained with you due to following reason/s.

Reasons of Account Closing: .....

Cheque Book enclosed ..... to .....

I authorized you to debit my account for account closing charges Rs. .....

.....
Signature

FOR OFFICE USE ONLY

Departments	Objection / No objection	Authorized Signature
Account Department	Objection / No objection	
Credit Department	Objection / No objection	
Card Department	Objection / No objection	
CASBA	Objection / No objection	
Mobile Banking	Objection / No objection	

If objection reason .....

.....

Operation Department

Account Closed Date:	Interest Amount:
Balance Amount in A/c:	Tax Amount:
Closing Charges:	Paid Amount:

.....
Entered by

.....
Account Closed by

.....
Amount Received