

	REQUEST FOR ACCOUNT CLOSE				
То :	The Managing Directo	or & CEO			
Account Type :		Date :			
Account No :		Client E	Branch :		
Name :					
Contact No :		Res. Phone :			
Amount in Taka:			Maximum		
Amount in word :					
Client Bank Name :					
Bank Account No. :		Withdrawal I	Withdrawal Mode :		
FOR AUTHORIZATION TO COLLECT CHEQUE (IF ANY): Please deliver the cheque to my/our authorized person Mr./ Ms					
Signature of t	Signature o	Signature of the Account Holder(s)			
		Official Use Only			
Received & Verified By : (CSO's Name & Signature)					
Signature & Bank Account No. Verified By :					
Approved By :	DL-0:	With January	Mada .	Ohamu	
Bank Signatory	Bank Signatory	Withdrawal I Received Br		Cheque	
	100000000000000000000000000000000000000	Delivery Bra			