Account Closure Request Form

بنك أبوظبي التجاري
ADCB
WHOLESALE BANKING

Date: _____ / _____ / _____

Company Name: _____

I/We hereby request:

☐ All Accounts Under CID

☐ Only the Following Account Numbers to be closed: Account Title:

....

....

....

Reason for Account closure

☐ Maintain account(s) with other bank   ☐ Non-eligibility for lending products   ☐ Charges

☐ Closure of business   ☐ Unresolved complaint   ☐ Prefer Islamic finance / Conventional

☐ Service Issues: ....

☐ Other: ....

☐ Please issue a release letter. Deduct related Charges from: ....

I hereby authorise ADCB to transfer the full amount from the above account(s) after deducting any applicable charges or dues in favour of

ADCB either by ☐ Banker's Cheque or ☐ Transfer to:

Beneficiary Name: ....   Bank Name: ....

Beneficiary Address: ....   Bank Address: ....

Beneficiary Account Number: ....   Transfer Amount: ....

IBAN: ....   Transfer Currency: ....

ADCB shall pay the remaining balance to you after deducting any applicable Charges.

Authorised Signatory(ies):

	Name	Signature
1		
2		
3		

For additional signatories, please sign on separate form and attach.

You hereby request the closure of the Accounts set out in this Form. You hereby declare that the information you provide in this Form is complete, true and accurate, and that the request for the closure of the Accounts has been duly approved and authorised. You agree to update the information you have provided to the Bank in accordance with Part 1 Clause 3 of the Wholesale Banking Terms and Conditions. By signing this Form, you agree to continue to be bound by the Wholesale Banking Terms and Conditions which are incorporated herein by reference and available on the Terms and Conditions section of the Bank's website. You acknowledge and agree that the Bank reserves the right to reject the request(s) made in this Form in its absolute discretion and is not required to provide reasons for such rejection.

For any feedback or suggestions, please write to: WBGService@adcb.com

For Bank Use Only

☐ I certify that the above named person(s) signed in my presence and/or verify that the signature(s) of the above person(s) matches the client signature & authority in the system.

☐ Demand Draft/Banker Cheque is to be sent to RM: .... Address : ....

☐ Customer request is updated on Itqan SR Number: ....

RM/RO: ....

(name/code)   (signature)   (date)

For required documents and references refer to WBG checklist published on Document Centre