

ACCOUNT CLOSURE FORM

PLEASE COMPLETE THIS FORM IN BLOCK CAPITALS

Closure Request by		
□Branch □Email □Post Branch of Primary Accoun	t: Date :	
Customer Details		
Customer ID(s)	Address	
Primary Account Holder Name/ Business Account Name		
Joint Holder 1 Name/ Authorised Signatory Name		
	Postcode	
Joint Holder 2 Name/ Authorised Signatory Name	Contact Number (Including Area Code)	
Joint Holder 3 Name Authorised Signatory Name	Email Address	
For any further applicants please complete another form (Cust	omer Details section only).	
Account Details		
I/We request you to close my/our Primary Current/Savings and	all linked Current/Savings/Deposit Accounts.	
Primary Account Number		
•		
I/We request for my/our Fixed Term Deposit accounts to remain open, (Please tick box) Please provide alternative account details for monthly/annual interest payments (if applicable) Account Numbers		
I/We request for all my/our Fixed Term Deposit accounts to be closed, (Please tick box)		
Cards		
I/We confirm that any cards in my/our possession have been destroyed. Yes If no, please explain why.		
Cheque Books		
I/We confirm that any Cheques held in my/our possession have been destroyed. Yes If no, please explain why.		
Please remember that you must redirect all regular incoming credits to an alternative account at another Financial Institution. Re-occurring card payments, Standing Orders and Direct Debits must also be transferred, any that are not transferred to another account will be cancelled.		
Payment Details		
I/We request you to close the accounts listed in the Account Details section and transfer all funds to. UK Bank Account		
Account Name	Sort Code	
Bank Name	Account Number	
☐International Bank Account Account Name	Intermediary Bank Details (if annihilation	
Account Indine	Intermediary Bank Details (if applicable)	
Bank Name	IRAN (International Rank Account Number)	
Dailk Maille	IBAN (International Bank Account Number)	
Branch Name	SWIFT Code (or IFSC)	
NOTE:*Please note the funds can only be transferred to an acc **Charges may apply to transfer of funds. Please refer to the S		

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(www.bankofbarodauk.com > Download Forms > Schedule of Charges) or ask a member of staff. Bank of Baroda (UK) Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority (FRN: 768016). Bank of Baroda (UK) Limited is registered in England and Wales (Company Registration No: (10826803), with a registered office at 32, City Road, London – EC1Y 2BD (UK). Tel. No: +44 (0) 3331553333, E mail: customercare.uksub@bankofbaroda.com, Website: https://www.bankofbarodauk.com



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Authorisation (Subject to Mode of Operation)		
By signing this form, I/We are authorising Bank of Baroda (UK) Limited to close my/our accounts and transfer all funds to the account details provided in the Payment Details section above.		
Primary Account Holder/ Authorised Signatory Name	Joint Holder 1/ Authorised Signatory Name	
Primary Account Holder/Authorised Signatory Signature	Joint Holder 1/ Authorised Signatory Signature	
Joint Holder 2/ Authorised Signatory Name	Joint Holder 3/ Authorised Signatory Name	
Joint Holder 2/ Authorised Signatory Signature	Joint Holder 3/ Authorised Signatory Signature	
Staff use only (Branch) Staff Maker Name	Staff Checker Name	
Otali Marci Name	Otali Gilecker Halle	
Staff Maker Signature	Staff Checker Signature	
Employee ID Number	Employee ID Number	
Please indicate which administrations have been completed:		
All information on this form has been accurately captured.		
Interest calculated and credited/debited till date.		
Payment executed as per customer instructions and account balance is Nil and all applicable charges recovered		
Valid customer KYC ID recorded (If Applicable). Customer Details to be update on CBS YES NO		
The form is signed as per the mode of operation stated on our records and closure instructed to that request.		
If the account cannot be closed the customer should be contacted and informed of the next steps.		
Staff use only (Back office)		
Staff Checker Name		
Staff Checker Signature Employee Number		
Checks completed:		
All checks have been correctly completed by branch and	actions taken where required.	
Finacle updated with Valid KYC ID Proof & Proof of Address and latest contact details (If applicable)		
Payments details match Finacle (<i>If applicable</i>)		
	a the account(e) have been closed	
Customer has been provided an email or letter confirming the account(s) have been closed		
Account Closed in Finacle with valid reason & CIF suspended if there is no other live accounts under the same CIF		
Personal Account Closure Form & Related documents have been scanned and uploaded on to DMS.		
Debit Card Cancelled	Page 2 of 2	

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