



## Account Closure Instruction

Date : .....

To : CIMB Bank Berhad  
 Robinson Road, P. O. Box 0088, Singapore 900138  
 Attn: Account Services

I/We authorise you to close my/our account maintained with your bank.

Account Name: ..... Account No.: .....

Please refund the sums owing to me/us from the above stated account, if any, as per my/our selection below:

Please tick one only.

Cash (Only applicable for account closure at Branch)

Crediting CIMB Account No.: .....

Account Name (If crediting 3rd Party CIMB Account): .....

Banker's Cheque (Can only be paid to account holder(s)).

Self Collection

Send to my/our account mailing address

Third Party Authorisation

I/We hereby authorise the following representative to collect my/our account proceeds in Banker's cheque on my/our behalf:

Name: ..... NRIC/Passport/FIN No.: .....

Others (Please specify): .....

Signature of Principal Applicant

Signature of Joint Applicant

Name: .....

Name: .....

NRIC/Passport No.: .....

NRIC/Passport No.: .....

**Note:** Your CIMB Clicks Internet Banking and ATM card will be terminated if you no longer maintain any deposit account with us.

FOR BANK USE ONLY			
BRANCH:	ATTENDED BY:	VERIFIED BY:	CHECKED & APPROVED BY:
	DATE:	DATE:	DATE:

Thank you for banking with CIMB Bank.  
 CIMB Bank Berhad (13491-P)

For assistance, please call CIMB At-Your-Service (65) 6333 7777  
 or email AtYourService@cimb.com