



**STATE BANK OF INDIA**  
460 PARK AVENUE,  
NEW YORK, NY 10022

Member FDIC

(For office use)  
Account No. \_\_\_\_\_

## APPLICATION FOR CLOSURE OF ACCOUNT

**CLOSURE OF MY / OUR ACCOUNT NO. 776-\_\_\_\_\_**

I/We request you to close my / our above account and dispose the balance as follows (*check appropriate box*):

Send remittance per details given below:

BENEFICIARY DETAILS			
NAME IN FULL			
MAILING ADDRESS			
	CITY	STATE	
	COUNTRY	POSTAL CODE	
BENEFICIARY'S BANK DETAILS			
A/C NO.		NAME OF BANK	
BRANCH		CITY/COUNTRY	
SWIFT/SORT CODE		POSTAL CODE	
INTERMEDIARY BANK DETAILS			
NAME OF BANK		BRANCH	
ADDRESS			
SWIFT/SORT CODE			
CURRENCY			

Send official check payable to me on the following address:

CITY		STATE	
COUNTRY		POSTAL CODE	

Please describe below any other disposal method:

\_\_\_\_\_

FIRST APPLICANT	SECOND APPLICANT	THIRD APPLICANT
Signature:	Signature:	Signature:
Name:	Name:	Name:
Date:	Place:	

\* Enclose photocopies of latest State ID (Driving License/ Passport Copy) for all account holders along with closure form.

**FOR USE OF NEW YORK BRANCH ONLY**

Application scrutinized and

- found in order and modifications made  
 deficiencies have been observed and conveyed to the applicant.

ASSOCIATE : \_\_\_\_\_

AUTHORISED OFFICIAL : \_\_\_\_\_

Date : \_\_\_\_\_

Date : \_\_\_\_\_