

REQUEST FORM FOR SETTLEMENT OF LIABILITIES

 Customer No.

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 Date

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 Please use **BLOCK LETTERS & BLACK INK** only

From	
Requesting branch	
Customer Name	
Account number	

I / we request you to process the settlement of liabilities for the below mentioned products:

LOANS

No	AG ID	CIF Number	Loan Account Number
1			
2			
3			

CREDIT CARDS

No	Card number	Primary / Secondary	CIF Number
1			
2			
3			

Overdraft facility availed	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	Overdraft account number	
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Other Liabilites	
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Additional remarks (If any)	
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I/we hereby request you to take the following action on my/our account and I/we authorize you to debit my/our above mentioned account number for any changes pertaining to this transaction

<input type="checkbox"/> Cancel my/our credit card/s	<input type="checkbox"/> Settle Loan/s
<input type="checkbox"/> Issue No Liability Letter / Clearance Letter / Release Letter	<input type="checkbox"/> Place Lien on my account for the Credit Card/s Limit/s (In absence of Guarantee Letter)

Others	
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Description Notes:	1	
	2	
	3	

I/we agree that the service request will be governed by the Bank's standard Terms and Conditions.

_____ Customer Signature (Customer 1)	_____ Customer Signature (Customer 2)
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FOR BANK USE ONLY

Customer Signature verified By		Branch Maker		Authorized By	
Name		Name		Name	
Signature		Signature		Signature	
Signature verification stamps		Phone no.		Signature Number	