

	APPLICATION TO C	CLOSE DEMA	AT A	CCO	UNT				
Prabhu Bank I Kathmandu, N		Date:							
I/we request to o	close Demat Account maintained by	me/us in your go	od ba	nk as l	below g	given d	etails	•	
Beneficiary Ov	vner's Name:								
DP ID	3013900	Client ID:							
Father's / Dire	ctor's Name:								
Grandfather's	Spouse's Name:								
Address:									
Phone No.:	Email:								
Citizenship No	o. / Registration No./PAN No.:								
Issuing Authority/District: Issue Date:									
Date of Birth:									
Reason of Closure:	☐ More than 2 Account☐ Transfe☐ No Balance in Account☐ Other		ount	□U	nsatisfa	actory	Servi	ce	
•	horise to debit my bank account for any remaining dues and closure	charges as per sta	andard	d tariff		nk.	_	ntaine	d wit
Ivallie of Dalik A	Account Holder.		ıgııatı	116 01 1	Dalik A		•		
	For O	ffice Use Only				ı			
Officials	Remarks	Functions				Nan	ne &	Signa	ıture
Received & Checked By:	Received at Branch / Dept								
Processed & Verified By:	 ☐ Signature verified. ☐ Document verified. ☐ Applicable charges recovered ☐ Account closed as on dated: ☐ Hold closure request due to: 								

 \square Hold closure request due to:

Approving Authority Remarks:

a) b)

Approved By: