

Date: D D M M Y Y Y Y

APPLICATION FORM FOR TRANSFER/CLOSING/PREMATURITY PAYMENT/MATURITY PAYMENT			
The Branch Manager Bank of Bhutan Branch			
Dear Sir/Madam,			
I/We request you to kindly transfer/ close my/ our following accounts maintained with your bank.			
Account Type	Account Number	Requirement	Reason/Details
Savings		Transfer Close	Transfer to
Current		Transfer Close	Transfer to
Fixed Deposit		Pre-mature Maturity Payment	Transfer to
Recurring Deposit		Pre-mature Maturity Payment	Transfer to
The following facilities with the Bank may please be deactivated/surrendered			
Passbook/Account Card No:			
Unused Cheque Book No. From: to			
ATM Cards: 1. Card No:			
2. Card No:			
Internet Banking: USER ID:			
mBoB: USER ID:			
SMS Banking: Mobile No: Loan against TDR Account No:			
Loan against 1DR Account No.			
(Customer's Signature)			

Contact No.

Date:

Name: