



goBoB DEACTIVATION FORM

All the field marked * are COMPULSORY

The Branch Manager,
_____ Branch

Date: ___/___/___

Dear Sir/Madam,

I request you to deactivate my goBoB wallet number _____ from the date of application. The details of my wallet are given below:

Name with Salutation* (Mr. /Mrs. /Miss /Master)	
CID/Work Permit*	
Date of Birth (dd/mm/yyyy)*	
Email Id (Optional)	
Contact Number	
Present Address*	
Reason for closure*	

Balance Remaining in the wallet(If Any) :	
<input type="checkbox"/> Transfer to Account	
Account Number:	Account Holder Name:
<input type="checkbox"/> Cash	

Applicant's Signature:

Date:

For Bank/official use only

Maker: (Signature)

Authorize: (Signature)

Employee ID:

Employee ID:

Date:

DOCUMENT REQUIRED:

1. Copy of CID/Work Permit/Passport