

Date:

ACCOUNT CLOSURE APPLICATION FORM
For Bank's Use Only

CIF No:

Branch

Customer Information

Title	<input type="checkbox"/> Mr.	<input type="checkbox"/> Miss	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Others
Account Holder	Full name (as shown in ID card /Passport)			
	Foreign Name			
	Former Name (if any)			
Identity Type	<input type="checkbox"/> Thai ID Card <input type="checkbox"/> Passport ID Card/Passport Number:			
Correspondence Address				
Email Address	Customer agrees that the Bank may contact you for further process to your registered email (as provided for communication channel). In case that you would like the Bank to be contacted at an alternative email, please provide the detail here			
Mobile Phone No.	Customer agrees that the Bank may contact you for further discussion (if requires) to your registered number. In case that you would like the Bank to be contacted at an alternative number, please provide the detail here:			

Bank of China (Thai) Public Company Limited Account Information

Transaction detail <input type="checkbox"/> Close account	Currency	Account Type	Please fill in Account Number
	<input type="checkbox"/> THB		<input type="checkbox"/> Savings Account
<input type="checkbox"/> Current Account			
<input type="checkbox"/> Time Deposit			
<input type="checkbox"/> CNY		<input type="checkbox"/> Savings Account	
		<input type="checkbox"/> Current Account	
		<input type="checkbox"/> Time Deposit	
<input type="checkbox"/> USD		<input type="checkbox"/> Savings Account	
		<input type="checkbox"/> Current Account	
		<input type="checkbox"/> Time Deposit	
<input type="checkbox"/> Others:		<input type="checkbox"/> Savings Account	
		<input type="checkbox"/> Current Account	
		<input type="checkbox"/> Time Deposit	

Balance transfer	
(Your balance of this closing account will be transferred to the Bank information that you provide below)	
Bank Name	
Account Holder Name	
Account Number	
Customer declaration and signature	
<input type="checkbox"/> I/We hereby; <ul style="list-style-type: none"> - Confirm that the above information is in accordance with my request and agree to close the account. - Authorize the Bank to debit the account stated above for any administrative charge and/or other relevant fees, charges (if any) incurred by the Bank as a result of the closure of the account. For holders of current account only - Declare that there is no outstanding cheques and agree that the unused cheques will be/have been destroyed. <input type="checkbox"/> Acknowledge that no further cheque will be processed by the Bank. <input type="checkbox"/> The bank requires customers to bring back all their debit cards and passbooks to return to the bank. If the customer cannot provide/return the card or passbook to the bank, customer should destroy them upon the "Account Closed" transaction slip is received.	
Customer's signature	Date:

For Bank's Use Only			
Account No.	Account 1	Account 2	Account 3
	Account 4	Account 5	Account 6
Debit Card No.		Electronic Banking Service E-Token, Serial No	
Handling Unit:		Remarks:	
Maker Full name	Checker Full name	Approved by: Full name	
Signature	Signature	Signature	
Staff Code	Staff Code	Staff Code	
Date	Date	Date	