



To  
Deputy General Manager/Assistant General Manager/Manager  
Agrani Bank PLC

\_\_\_\_\_Branch  
\_\_\_\_\_

Date: \_\_\_\_\_

**Subject : Debit Card Close Form**

Dear Sir,  
I am a customer of your branch. I want to close my ATM card.

|    |                              |                                       |                                       |
|----|------------------------------|---------------------------------------|---------------------------------------|
| 1. | Customer Name                |                                       |                                       |
| 2. | Account No                   |                                       |                                       |
| 3. | Card No<br>(last 5 digit)    |                                       |                                       |
| 4. | Closing Type<br>(Please Tik) | <input type="checkbox"/><br>Temporary | <input type="checkbox"/><br>Permanent |

Therefore, I would like to request you to provide me with the applied service.  
Your Sincerely,

(Customer's Signature)  
Mobile :

In case of closing card **permanently**

|                                    |   |
|------------------------------------|---|
| Lost card <input type="checkbox"/> | Accepted existing card <input type="checkbox"/> |
|------------------------------------|---|

**For Branch Use Only**

Information given by the customer and the specimen signature is verified and we recommend you to look into the issue and inform us.

\_\_\_\_\_  
(Signature and seal of the branch  
DGM/AGM/Manager)