

To,
 STATE BANK OF INDIA
 Deposit Section
 460 Park Avenue, 2nd Floor
 New York, NY 10022

Tel: 212-521-3200; Fax: 212-521-3361
 Email: amdep.nyb@statebank.com

Dear Sir,

CLOSURE OF MY / OUR ACCOUNT NO. 2111-_____

I/We request you to close my / our above account and dispose the balance as follows (*check appropriate box*):

Send remittance per details given below:

BENEFICIARY DETAILS			
NAME IN FULL			
COMPLETE MAILING ADDRESS			
	CITY		STATE
	COUNTRY		POSTAL CODE
Beneficiary's Bank Details			
A/C NO.		NAME OF BANK	
BRANCH		CITY/COUNTRY	
SWIFT/SORT CODE		POSTAL CODE	
Intermediary Bank Details			
NAME OF BANK		BRANCH	
ADDRESS			
SWIFT/SORT CODE			
CURRENCY			

Send official check payable to me on the following address:

CITY		STATE	
COUNTRY		POSTAL CODE	

Please describe below any other disposal method:

First Applicant	Second Applicant	Third Applicant
Signature:	Signature:	Signature:
Name:	Name:	Name:
Date:	Place:	