

**THE INDIAN BANK STAFF CO-OPERATIVE SOCIETY LTD. X-341**

No.253, Angappa Naicken Street, Chennai 600001 Phone: 044 - 25340757 & 25340988  
Email: [ibsociety1965@gmail.com](mailto:ibsociety1965@gmail.com)

**APPLICATION FOR MEMBER ACCOUNT CLOSING**

I request you to close my Membership Account with your Society and refund the amount to my SB A/C @ 

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I furnish below the necessary details.

NAME		S R No.	
MOBILE NUMBER		DESGN.	
REASONS FOR CLOSING		SOC M No.	

Date:

Branch :

Signature of Member

**CONSENT OF SURETY**

SURETY NAME		MEMBER No.	
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I agree to close the membership account of my surety.

Date:

Branch :

Signature of Surety

**TO BE FILLED IN BY SOCIETY OFFICE**

1.Refund of Shares		1.Loan	
2.Refund of T.D		2.Interest on Loan	
3.Interest on T D		3.Others	
4.Refund of MFWDS		<b>4.Net Amount - Payable</b>	
5.Int.on MFWDS			
6.Others			
Total		Total	

Date:

Signature of Member

**VOUCHER**

Received a sum of Rs. \_\_\_\_\_ from the Indian Bank Staff Co-operative Society Ltd.,

Chennai-1, @ 

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 towards  
a/c closing proceeds.

Name:  
M . No.  
Branch

Signature of Member

**OFFICE NOTE**

Paid a sum of Rs. \_\_\_\_\_ @ SB A/C No. \_\_\_\_\_

on \_\_\_\_\_ Reversed from S.Cr. Kept on \_\_\_\_\_.

Clerk

Asst. Secretary

Secretary