



SOUTH CENTRAL & SOUTH COAST RAILWAY EMPLOYEES' CO-OP. CREDIT SOCIETY LTD.

SECUNDERABAD - 500 003.

ECCS - 69

APPLICATION FOR CLOSING OF ACCOUNT / CLAIM LETTER FOR A.D.B.F. / M.B.F. NOMINEE

To
The Secretary / CEO,
S.C. & S.Co.R.ECCS Ltd.
Secunderabad - 500 003.

Date

ECCS Case Number

Sir,

Sub: Closing of CMTD Account No. Reg.

I, the undersigned Applicant request you to kindly arrange for the closing of account as per the details given below:

1. Name of Applicant
(IN BLOCK LETTERS)
2. Father's / Husband's Name
3. Relationship with Shareholder
4. CMTD Account No. P.F. Account No.
5. Designation
6. Office Address / Station
7. Reason for closing of the
account VR / MU / Removal
from Service / Retired / Missing
Ceasing Membership / CR
(Necessary Certificates to
be enclosed)
8. Nature & Date of Death /
Normal / Accident
9. PAN Card No.
10. Aadhaar Card No.
11. Cheque to be sent in favour of
 - a) Bank Account No.
 - b) Bank Name
 - c) Branch I.F.S.C No.
 - d) Bank Address
(Must enclose xerox copy of Bank Pass Book self attested)
12. Address for correspondence
House address (Permanent)
.....
13. Personal WhatsApp Mobile No.

Forwarded

Signature of the controlling
officer (with stamp)

Signature
LTI / Signature to be attested
if it is in any vernacular language
Other than Hindi or English

Enclosures:

- 1) Bank copy xerox to be attested, 2) Original Society Pass book, 3) PAN & Aadhaar Card Self attested
- 4) Borrower latest Pay Slip, 5) In case of VR, CR / Death / MU borrower should submit PPO copy