



A/C NO. A/C

NAMES

DATE.....

The Manager
Dear sir/madam

RE: ACCOUNT CLOSURE

This is to notify you of my/our intention to close account No. _____ In the name of _____ with your institution

Because of: _____

Kindly complete the following information

1. What mode of payment would you prefer? **Cheque** _____ **Transfer** _____ **Cash** _____

2. If transfer indicate beneficiary account **Branch** _____ **No.** _____

Names _____

3. Do you have any outstanding debts/loans with Equity? **Yes** _____ **No** _____

4. Have you ever banked with any other bank other than Equity? **Yes** _____ **No** _____

5. If yes how do you compare Equity Bank to other banks?

Good **Fair** **Poor**

6. Rank the following Equity services

(Tick appropriately)

	Very Good	Good	Average	Poor
a) Accessibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Staff willingness to assist clients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Speed/quality of service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Pleasantness of staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Physical facilities/appearance of the bank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Given a chance would you bank with us again? _____

Other remarks: _____

Thank you for banking with Equity Bank

Yours Faithfully,

Name	ID No.	Signature
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