

Credit Card Closure Request Form

Date:					
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Customer Name														
Card Holder Name														
Credit Card Number														

Card Type: Primary Supplementary *(Please select the appropriate box)*

To
 The Manager
 Aseel Islamic Finance
 Branch: _____
 U.A.E

Dear Sir/Madam,
 Please arrange to close our credit card account along with the supplementary card (if any):

The primary reasons for closing our card account are:	
<input type="checkbox"/>	Not Satisfied with the charges
<input type="checkbox"/>	Want free card
<input type="checkbox"/>	More than one / enough cards
<input type="checkbox"/>	Not satisfied with credit limit
<input type="checkbox"/>	Not satisfied with the service provided
<input type="checkbox"/>	Requests for upgrade / limit increase denied
<input type="checkbox"/>	Other cards have better features
<input type="checkbox"/>	Leaving UAE permanently
<input type="checkbox"/>	Changing bank / takeover
<input type="checkbox"/>	Wants to control spending
<input type="checkbox"/>	Not much usage / prefer cash transactions
<input type="checkbox"/>	Frequent problems while using my credit card
<input type="checkbox"/>	Any other reasons:

- I/We have paid the current outstanding for the credit card account.
- I/We agree to pay immediately all charges incurred by the use of the credit card including outstanding profits that are yet to be debited within 45 days from date of closure.
- I/We understand that credit card account shall be closed by Aseel Finance only after the full payment of all charges and liabilities under the credit card account.

 Primary Cardholder Signature

For Official Use Only:

Signature verified by:
 (CSR name and ID number)

Date:/..... /

Account Updated by:
 (Maker name and ID number)

Authorized By:
 (Checker name and ID number)