BAIDURI FINANCE

CLOSED ACCOUNT CHECKLIST

Account Name		**Date:**
Account No.		

Part A – Close Account Checklist				
No.	**Descriptions**	**Yes**	**No**	**Remarks**
1	To collect fund from the customer if the account closed within 6 months from date of opening			
2	Any Standing Instruction			
3	Debit Cards returned (Such as Visa Debit/ CUP Cards etc.)			
4	I-Banking token returned			
5	Savings Passbook to stamp "Account Closed"			
6	Letter of Notification for account closure (if applicable)			
7	Copy of "Original Sighted" IC/ Passport attached			
Part B – Close Account Checklist for Flexhost				
No.	**Descriptions**	**Yes**	**No**	**Remarks**
1	Account in zero balance			
2	Standing Instruction closed (if applicable)			
3	Change of customer status (if applicable)			
4	Indicate reason for closing account in the account UDF field in accordance to reason given in Close Account Request Form			
5	In Special Conditions Maintenance: i) Tick waive product ii) Select product details DRST for 706/ DRSR for 709			
Part C – To be checked before CIF closure. If any Yes to checklist below, DO NOT CLOSE CIF.				
No.	**Descriptions**	**Yes**	**No**	**Remarks**
1	To check if customer has other active account(s)			
2	To check if customer is using any other product with the Bank Group such as Credit Card / HP / WU etc.			
3	To check the Master CIF. If customer's remaining account / facility is with Baiduri Bank or Baiduri Capital – to change the AO Code accordingly.			
4	Close the customer CIF if the customer has no other account / facility with Baiduri Bank, Baiduri Capital, and Baiduri Finance.			

1. Staff must ensure customer signature(s) is/are verified against the scanned signature(s) in Flexhost and Signature(s) on Passbook Savings (if applicable).

2. All items in this checklist must be checked and completed before the final balance is paid to customer.

3. The account must be closed accordingly before forwarding Close Account Request Form attached with this Checklist and other related documents to OAD-CAD within 3 working days from date of closure.

Attended by (Name and Signature)	Verified by (Name and Signature)	Branch's Chop