

Branch Name _____
 Branch Code Date

Discontinuation of Transactional Alert Facility

 Title of Account
 Account #

DECLARATION

- I / We do hereby request the bank to discontinue Transactional Alert Facility in my / our aforementioned account.
- For all future correspondences my / our following contact details may please be updated in Bank's record.

Contact Details

Mailing Address	
Nearest Landmark	
Tel #	Post Code
Mob #	E-mail

- I / We have read and understood the terms and conditions and agree to keep the bank indemnified against all liabilities, claims, proceedings, actions and damages in relation to or arising out of the bank accepting my / our wilful request / choosing to discontinue the Transactional Alert Facility.

1. Name	2. Name
Signature	Signature

Discontinuation of Transactional Alert Facility Acknowledgement

We acknowledge receipt of your request.

 Branch Code Date
 Account #

 Authorized Signatory
 Banking Services Manager

Branch Stamp

For Bank Use Only

Specimen Signatures verified and above mentioned information is updated in the system.

 1. _____
 Authorized Signature

 2. _____
 Authorized Signature

Name: _____

Name: _____

 IBS#

 IBS#

Disclaimer: The Bank shall not be responsible and do not accept any responsibility for any loss that you may suffer due to your wilful request / choosing to discontinue the Transactional Alert Facility and mailing all future correspondence on the address as furnished by you.