

## सदस्यता त्याग (खारेजी) फारम

### सदस्य जानकारी (सबै अनिवार्य)

- सदस्य नं \_\_\_\_\_
- सदस्यको पुरा नाम थर (नेपालीमा) \_\_\_\_\_
- Full Name (IN BLOCK LETTER) \_\_\_\_\_
- नागरिकता नं \_\_\_\_\_
- ठेगाना (नागरिकता अनुसार वा विवाह दर्ता अनुसार पालिका । वडा नं । टोलको नाम ) \_\_\_\_\_
- सम्पर्क फोन नं \_\_\_\_\_

### खाता बन्द गर्नु पर्नेकारण

- बसाइँसराई गरी अन्यत्र जाने भएकोले
- बचत जम्मा गर्न रुचि नरहेकोले
- एकै प्रकृतीका संस्थामा सदस्यता भएकोले कानुनी बाध्यताको कारण
- संस्थाले प्रदान गर्ने सेवाप्रति असन्तुष्ट रहेकोले
- घरायसी कारणले
- अन्य कारण \_\_\_\_\_

### सदस्यद्वारा स्वः घोषणा

म यसै फारम मार्फत माथि उल्लेखित विवरण अनुसार त्यस संस्थामा भएको सदस्यता खारेज गरिदिनुहुन अनुरोध गर्दछु र दिएको सबै जानकारी मेरो ज्ञान अनुसार सहि रहेको प्रमाणित गर्दछु । मैले सदस्यता खारेज भैसके पछि भविष्यमा कहि कतै उजुरबाजुर गर्ने छैन साथै सबै पासबुक र प्रयोग नगरिएका चेकहरु (यदि छन् भने) फिर्ता गरिसकेको छु र खाता बन्द गर्न लाग्ने कुनै पनि शुल्क कट्टा गरि बाँकी रहन आएको रकम लिन स्वीकार गर्दछु ।

सदस्यको हस्ताक्षर \_\_\_\_\_ (कर्मचारीबाट प्रमाणित गर्न आवश्यक छ)

मिति \_\_\_\_\_ (वर्ष । महिना । दिन)

कार्यालय प्रायोजनकालागी : निवेदन दर्ता गर्ने अख्तियारी वा नगर्ने

## Internal Closure Clearance Flow

(Member Closure Request of Member No. \_\_\_\_\_)

### 1. Member Service Department Checklist (Tick ✓ Yes or No)

Criteria	Yes	No	If "No", Reason
Has KYM (Know Your Member) been updated in both CBS and the physical file?	<input type="checkbox"/>	<input type="checkbox"/>	
Has the member's signature been verified in CBS, the member closure application form, and the physical file?	<input type="checkbox"/>	<input type="checkbox"/>	
Have all passbooks been submitted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> are lost <b>OR</b>
Have all unused cheque leaves been returned? *if issue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> are lost <b>OR</b>

#### Clearance By:

Name: \_\_\_\_\_ Staff Code: \_\_\_\_\_ Date: \_\_\_\_\_ (Y/M/D)

Signature: \_\_\_\_\_

Remarks: \_\_\_\_\_

### 2. Account Department Checklist (Tick ✓ Yes or No)

☞ Does the member have any pending transactions or amounts to receive or pay?

Yes (If yes, please explain) \_\_\_\_\_  No

#### Clearance By:

Name: \_\_\_\_\_ Staff Code: \_\_\_\_\_ Date: \_\_\_\_\_ (Y/M/D)

Signature: \_\_\_\_\_

### 3. Loan Department Checklist (Tick ✓ Yes or No)

Criteria	Yes	No	Remarks
Member has outstanding loan(s)?	<input type="checkbox"/>	<input type="checkbox"/>	
Member is Personal/Financial Guarantor?	<input type="checkbox"/>	<input type="checkbox"/>	

#### Clearance By:

Name: \_\_\_\_\_ Staff Code: \_\_\_\_\_ Date: \_\_\_\_\_ (Y/M/D)

Signature: \_\_\_\_\_

Remarks: \_\_\_\_\_

### 4. Administration Department or CEO (Legal Compliance – Please review steps 1 to 3)

Name: \_\_\_\_\_ Staff Code: \_\_\_\_\_ Date: \_\_\_\_\_ (Y/M/D)

Signature: \_\_\_\_\_

Remarks: \_\_\_\_\_

### 5. Final Approval

Approved By Full Name	Position	Signature	Date (Y/M/D)
	<input type="checkbox"/> Chairperson <input type="checkbox"/> BOD Member		
Remarks: <b>Member No:</b> _____ <b>Name:</b> _____ The closure request of the above member has been approved in the board meeting of <i>Shrot Parichalan Saving and Credit Cooperative</i> held on _____ (Y/M/D).			

### 6. Teller Finalization (Only Teller Staff)

- ☞ Have all member accounts been closed in CBS?  Yes  No (If no, please specify the reason): \_\_\_\_\_
- ☞ Member Termination Date: \_\_\_\_\_ (Y/M/D)
- ☞ Voucher Number: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

S.N.	Account Numbers	Product (Share/.....Saving)	Final Balance (Rs.)	Closing Charge (Yes/No)
1				<input type="checkbox"/> Yes <input type="checkbox"/> No
2				<input type="checkbox"/> Yes <input type="checkbox"/> No
3				<input type="checkbox"/> Yes <input type="checkbox"/> No
4				<input type="checkbox"/> Yes <input type="checkbox"/> No
5				<input type="checkbox"/> Yes <input type="checkbox"/> No
6				<input type="checkbox"/> Yes <input type="checkbox"/> No
7				<input type="checkbox"/> Yes <input type="checkbox"/> No
8				<input type="checkbox"/> Yes <input type="checkbox"/> No
9				<input type="checkbox"/> Yes <input type="checkbox"/> No
10				<input type="checkbox"/> Yes <input type="checkbox"/> No

A) Total Balance (In Rs.): \_\_\_\_\_

B) Total Charge (In Rs.): \_\_\_\_\_ Accounts \* Rs \_\_\_\_\_ per Account Total Charge Rs \_\_\_\_\_

C=A-B .Total Paid Balance (In Rs.): \_\_\_\_\_ (In Words): \_\_\_\_\_

*"The amount received from the membership cancellation mentioned above has been received or paid is correct."*

### Cash Received By (Only Member):

Name (Full Name): \_\_\_\_\_ Signature: \_\_\_\_\_ (Need to verify)

### Transaction By (Only Teller Staff):

Name: \_\_\_\_\_ Staff Code: \_\_\_\_\_ Date: \_\_\_\_\_ (Y/M/D)

Signature: \_\_\_\_\_