

**PARTICULARS OF THE BRANCH CLOSED**

(Micro Finance Bank / Institution)

1. Name of the Micro Finance Bank / Institution:\_\_\_\_\_
2. Name of the Branch closed:\_\_\_\_\_
3. Licence No.\_\_\_\_\_ Dated:\_\_\_\_\_
4. Date of closure:\_\_\_\_\_
5. Reason necessitating closure (in detail):\_\_\_\_\_
- \_\_\_\_\_
6. Working results viz. Deposits and Number of Depositors, Advances and Number of Borrowers, COs formed and their Membership, Profit/Loss and Number of Accounts (Category wise) as at end of the last financial year and on the date of closure).:\_\_\_\_\_
7. Distance of nearby Microfinance Bank / Institution branches from the closed branch.
8. Licence No.\_\_\_\_\_ Dated\_\_\_\_\_ is sent herewith for cancellation.

Encl: As above.

(Signature of an Officer not below the rank of Senior Vice President of the Head Office or equivalent)