

[Sender Full Name]
[Full Postal Address]
[City, State, ZIP Code]
[Mobile Number]
[Email Address]

Date: [DD/MM/YYYY]

[Bank / Credit Card Issuer Name]
[Branch / Department Name]
[Bank Address]

SUBJECT: REQUEST FOR CREDIT CARD CANCELLATION

Dear Sir/Madam,

I am writing to formally request the cancellation and closure of my credit card account. I hold a [Card Type, e.g., Gold/Platinum] credit card with your institution, ending in the last four digits [1234].

Please be advised that all outstanding dues associated with this account have been fully cleared. I further confirm that there are no pending Equated Monthly Installments (EMIs) or unauthorized transactions remaining on this card.

I request you to process this cancellation immediately and provide me with a written confirmation or an NOC (No Objection Certificate) stating that the card has been cancelled, the account has been closed, and that there is a zero outstanding balance on the account.

In accordance with bank policy, the physical credit card has been destroyed (cut through the magnetic stripe and chip) to prevent any further use.

Thank you for your cooperation.

Yours sincerely,

Signature

Printed Name: [Full Name]
Credit Card Number: XXXX-XXXX-XXXX-[1234]
Account Number (Optional): [Account Number]