

APPLICATION FOR CLOSING AN ACCOUNT

FILL IN USING BLOCK CAPITALS!

Client information

Company name/Surname, name _____

Client identifier/No.

Please close an **account** opened in company's name/my name:

L V C B B R

Comments

Surname, name of Client (Client's representative) _____

Signature _____

Digipass key (S) _____
(Please complete if this document is signed and sent to the Bank electronically)

(This field is mandatory!)

Date of signing _____ L.S.
dd/mm/yyyy

Filled out by the party accepting the Application

Surname, name _____

Signature _____

Date _____ L.S.
dd/mm/yyyy