

APPLICATION FOR CLOSING ALL ACCOUNTS

FILL IN USING BLOCK CAPITALS!

Client information

Company name/Surname, name _____

Client identifier/No.

Please close **any and all** accounts opened in company's name/my name (Payment Card Account(s) included)

Comments

Confirmation

I confirm and consent that – if, during closing of an account, there are funds remaining on the balance following debiting of fees in accordance with the Pricelist or other amounts due to the Bank from the Client's account – the Bank is entitled to debit such funds as fees.

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

Signature _____

(This field is mandatory!)

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

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