

## APPLICATION FOR CLOSING ALL ACCOUNTS

### Client information

Company name/Surname, name \_\_\_\_\_

Client identifier/No.

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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 \_\_\_\_\_

Digipass key (S) \_\_\_\_\_

(Please complete if this document is signed and sent to the Bank electronically)

**(This field is mandatory!)**Date of signing 

dd	mm	yyyy	L.S.		

### Filled out by the party accepting the Application

Surname, name \_\_\_\_\_

Signature \_\_\_\_\_

Date 

dd	mm	yyyy	L.S.		

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