

APPLICATION FOR CLOSING AN ACCOUNT

Client information

Company name/Surname, name _____

Client identifier/No.

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

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.

Filled out by the party accepting the Application

Surname, name _____

Signature _____

Date L.S.

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