



Request Form for Account Closure

1. Account Holder(s) Identification

Full name: _____

Account Number: _____

Civil Identification Number: _____ / Tax ID Number: _____

Address: _____

Phone: _____ / Email: _____

Signature(s): _____

2. Identification of the Account to be Closed:

Account Number / IBAN: _____

Account Type: Individual Joint

Reason for Closure (optional): _____

3. Creditor Balance — Indication of Account for Transfer

Transfer to IBAN: _____

4. Other Relevant Matters

a) Means for subsequent communication with the Client and for data update in case of closure of all accounts, while maintaining contractual relationships with the Institution for other banking services and other products:

Communication with the Client: Email: _____

b) The annual fee statement will include information on the fees and interests charged up to the date of closure.

5. Statement of the Account Holder(s)

I declare that all information provided in this form is true, and I confirm that I am aware of the consequences arising from the closure of the account.

Place and date: _____

Signature(s): _____



6. Internal Record (To be completed by the Bank)

Date of request receipt: _____

Person responsible for follow-up: _____

Effective closure date: _____

Notes: _____

7. Confirmation to the Account Holder(s)

Closure concluded on: _____

Balance information and proof sent on: _____