

## 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: \_\_\_\_\_