

Account closure form



To be completed by client

Client name(s) Please enter both names for joint account holders

All accounts or

Account number

Account number

Account number

Please select how we should return your remaining balance.

Transfer to another UK account

Sort code - -

Account number

Bank name _____

Account holder name _____

Transfer to an overseas account

SWIFT code _____

IBAN/Account number _____

Currency _____

Bank name _____

Account holder's name _____

Cheque

Write off remaining balance

Reason for account closure

Please state the date you wish your notice of closure to take effect from. Closure will take up to ten working days from this date.

Today

(DD/MM/YY) - -

Client signature _____

(either account holder may sign in case of joint accounts)

Date (DD/MM/YY) - -

BANK USE ONLY

Full relationship closure YES NO
All cards returned YES NO Why? _____
Cheque books returned YES NO Why? _____

CARDS DESTROYED UNDER DUAL CONTROL BY:

Name of staff member _____

Signature _____

Date _____

Name of staff member _____

Signature _____

Date _____

IDENTIFICATION CHECK

Option 1 Citi Card and PIN
Option 2 Government issued photo ID plus signature verification
Option 3 Citi staff pass plus Global Directory and signature verification

Staff member stamp

Staff signature _____

Date (DD/MM/YY) - -

CIF:

URN: