## Account closure form



## To be completed by client

CIF:

Client name(s) Please enter both names for joint account holders	Reason for account closure
All accounts or  Account number Account number	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)
Account number	Client signature
Please select how we should return your remaining balance.  Transfer to another UK account  Sort code	BANK USE ONLY  Full relationship closure YES NO Why?  Cheque books returned YES NO Why?
Bank name	CARDS DESTROYED UNDER DUAL CONTROL BY:  Name of staff member
Transfer to an overseas account	Name of staff member Signature
IBAN/Account number	Date IDENTIFICATION CHECK
Currency	Option 1
Bank name	verification  Staff member stamp
Cheque  Write off remaining balance	
	Staff signature Date (DD/MM/YY)

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