

ACCOUNT CLOSURE REQUEST FORM

Account Details

Please complete the following fields for the account(s) which you wish to close:

Account Name

Account Number

Payment Details

If there are funds held in the account at the point of account closure and you would like them paid into another account of your choice, please provide us with the following details:

Account Name

Account Number

IBAN (if applicable)

Sort Code

SWIFT (if applicable)

Reason for Closure

Please provide a reason for closing this account. This can help us to improve our levels of service.

Declaration and Signature(s)

Please read the following carefully and sign below

By signing this Account Closure Request form, I/we confirm that the information provided above is correct and true to the best of my/our knowledge and hereby indemnify the bank for any loss or damage arising from the provision of incorrect or false information, or information intentionally or negligently provided which would facilitate fraudulent activity. I/we confirm that Reliance Bank Ltd may act on the above instruction in accordance with the relevant terms and condition.

Customer 1

Customer 2

Name

Name

Signature

Signature

Date

Date