

AA

Date:

D	D	M	M	Y	Y	Y	Y

CREDIT CARD TRANSFER AND CLOSURE

Card Transfer
 Card Closure
 Reversal
 Court Order

DEBIT

Account Name

Account Number BVN

Amount in figures Currency ₺ £ \$ € Others

Amount in words

CREDIT

Account Name

Account Number BVN

Amount in figures Currency ₺ £ \$ € Others

Amount in words

I/We, the above-mentioned customer request the closure of my/our account with details stated above and/or transfer of funds within my/our card account domiciled with the Bank. I/we hereby agree to return within two working days/confirm that I/we have destroyed all cards issued to me/us on my/our above stated account requested for closure, and fully indemnify the Bank for any adverse situation arising out of the requested transfer or my/our failure to destroy the cards issued on my/our account requested for closure.

Authorised Signatory
 Date

D	D	M	M	Y	Y	Y	Y

FOR THE BANK USE ONLY

SV Stamp			
Staff ID	<input style="width: 95%;" type="text"/>	Staff ID	<input style="width: 95%;" type="text"/>
Signature & Date	<input style="width: 95%;" type="text"/>	Signature & Date	<input style="width: 95%;" type="text"/>
HNFT Stamp		HBS Stamp	