KBC Banka ad Beograd

REQUEST FOR CLOSING OF THE ACCOUNT

Organizational unit of the Bank | **Code of the organizational unit**

(Name and surname of the account owner)

(Account owner's ID number)

Place and address:

Telephone | Fax | E-mail

(Account name)

Number of the account to be closed with KBC Banka:

(Reason for closing of the account)

STATEMENT:

Hereby I state that the amount intended for atonement of all my debt towards KBC Banka AD Beograd will remain on the account. I agree that I will pay off all my debt based on the notification of the officer of KBC Banka AD Beograd, as per:

Non-executed cheques ☐ Debit and credit cards ☐

which didn't become due until the moment of signing this request for closing of the account, and also if I don't answer to the notification, my account will remain active until the atonement of all my debt to KBC Banka AD Beograd, regardless this declaration.

In _____ date, _____

Account owner's signature

Signature and stamp of the officer of KBC Banka AD