

REQUEST FOR ACCOUNT CLOSING

Bank OU: _____ Place: _____ OU Code:

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Client data

Client name: _____
 Abbreviated name: _____
 Seat and address: _____
 Activity code:

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|--|--|--|--|--|--|

 Phone number: _____
 Registration no:

| | | | | | | | | | |
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|--|--|--|--|--|--|--|--|--|--|

 Fax number: _____
 Tax number:

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|--|--|--|--|--|--|--|--|--|--|

 E-mail: _____

Account data

Account no. in KBC Banka ad _____
 Account no. assets are transferred to: _____
 Name of account whose closing is requested: _____
 Purpose of account closing: _____

Person authorized for representation

Name: _____ Surname: _____
 Seat and address: _____
 Personal ID no.:

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 No. of ID document: _____
 Contact person: _____ Phone number: _____

REPORT OF EMPLOYEE IN CHARGE OF ACCOUNT OPENING

On the basis of the Request for account closing (submitted documentstion), I hereby state that the applicant fulfilled all the necessary conditions for account closing.

 Signature of employee

 Signature of Head of OU and stamp