



Account Closure Form

Fill the form in BLOCK CAPITALS and black ink

First customer name

Home cellphone number

Second customer name – if applicable

Mobile cellphone number

Registered address with postcode

Account number

Specify – up until recently, was this your main investment banking account?

Reason or reasons for closure of account

Specify – reason or reasons for closure

Specify – actions you have taken

Authorization

By signing this form, I am agreeing to **Mevarse Bank – Mevarse Finance** closing my account and transferring any outstanding funds within my account to me into any of the designated digital wallet addresses I have made available herein and on the date shown below

First customer signature

Second customer signature

Date

Date

ID type

ID type

ID reference

ID reference

Receiving account information or wallet address with currency specified for outstanding balance

Name

Staff number

Signature

Branch number

Date

To ensure a smooth running and convenient banking experience, the bank considering all parties has drafted the terms of the closure herein.

Mevarse Bank is able to provide literature in alternative formats. The formats available are – large print, braille and audio CD

Mevarse Bank

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