

Application for termination of the Bank's services

Client CIF A

Date Venue

Client
(name, surname / company name)

Personal code (date of birth) / Registration number

Please close / disconnect:

Current account Currency

Payment card account Currency

Payment card No.

Additional payment card No.

Informative SMS

Currency mark-up SMS

Internet banking

The Current account for the transfer of the initial share capital EUR

Monetary account of financial instruments No. Currency

The reason for the termination of the Bank's services (explain)

Special conditions (separate attachment)

No Yes (attachment No. , date) Filled form "Special conditions", if the parties agree on amendments in the General terms of service, tariffs or other conditions..

I certify that the information in this document is complete and true.
I undertake to immediately inform the Bank in writing on any changes in the above information. I am informed that in accordance with General terms of service, this Application is an integral part of the Agreement and the signing of this Application means the signing of the Agreement, except the Bank Services, which can be received only by signing of Special agreement.

The Client / Client's representative (position) (name, surname) (signature)

Client's representative (position) (name, surname) (signature)

Seal

To be completed by a representative of the Bank, who identifies the Client.

The document has been signed in my presence. I confirm the identity and signature / -s of the Client / Client's representative / -s.

(The Bank representative position, name, surname) (signature) (date)

Bank notes

Sales and Client Support Department

Closed: Current account Payment card account The Current account for the transfer of the initial share capital
Monetary account of financial instruments

Disconnected: Informative SMS Internet banking. Application No.

(remarks) (The Bank representative position, name, surname) (signature) (date)

Operations and Accounting Department

Slēgts/a: Payment card account Payment card Additional payment card (date)

(remarks) (The Bank representative position, name, surname) (signature) (date)