

# 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

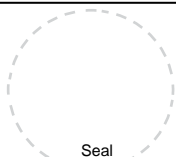
Monetary account of financial instruments No.  Currency

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)

**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**

**Customer service 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)

**Department of Payment cards and electronic commerce**

SI gts/a:  Payment card account  Payment card  Additional payment card  (date)

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