

Please fill in the form and send it to us by postal mail or e-mail together with a signed and dated copy of both sides of your ID card, and a copy of a bank statement confirming the data of the beneficiary account

> I, UNDERSIGNED

First name: Last name:

Address: N°: Box:

Postcode City/Town: Country:

> CO-HOLDER(S)

I, undersigned

First name: Last name:

Address: N°: Box:

Postcode City/Town: Country:

> DEMAND

to close the account number -

The cash on the account must be transferred to the account (IBAN number for EURO zone):

Name of the beneficiary:

By the Bank: BIC Code:

The securities on the account must be transferred to the account (IBAN number for EURO zone):

Name of the beneficiary:

By the Bank: BIC Code:

> SIGNATURE(S)

Place date