

AUTHORISATION FOR ACCOUNT CLOSURE

Kindly fill out the form below and return to the “DSBC Financial Europe” UAB Office via mail, fax, email, or in-person to our office: Lvovo str.25, Mažoji bure, 15th floor, LT-09320, Vilnius, Lithuania.

Fields in Section marked with (*) are mandatory unless stated otherwise. Incomplete fields in the mandatory section will result in the rejection of this application.

(A) My Account Information (*)

I/ We authorize you to close my/our following account with immediate effect.

(Please select your account type below and fill out the corresponding section)

Corporate Account

Personal Account

“DSBC Financial Europe” UAB Account No.

“DSBC Financial Europe” UAB Account No.

Company Name

Account Name

Registration No.

Passport No.

User ID

User ID

IBAN Number

IBAN Number

Currency

Currency

Current Balance

Current Balance

(B) Payment Mode For Balance In The Account To Be Closed (Where Applicable) (*)

I/We authorize you to pay me/us the balance amount from the above account via the payment mode indicated below:

Beneficiary Name

Send money to Account No.

Beneficiary Bank Name

SWIFT/ BIC Code

Beneficiary Bank’s Address

Sign to Confirm _____

(C) My/Our Other Banking Facilities Relating To The Account To Be Closed

I/ We authorize you to update/cancel my related Banking facilities as indicated below:

- DSBCnet Account: _____ EUR GBP USD
- Card Accounts 1: _____ EUR GBP USD
- Card Accounts 2: _____ EUR GBP USD
- Card Accounts 3: _____ EUR GBP USD

(D) Customer Confirmation

I/ We hereby confirm that I/we have read and agree to the following (where applicable), and authorize “DSBC Financial Europe” UAB (DSBC) to proceed with closing my/our above account(s):

- (1) Other Service Fees and Liabilities to DSBC must be settled in the time customer’s account is closed.
- (2) I/We declare that the information given above is true, accurate and complete, and authorize DSBC to confirm the details from any sources it may choose and I/We will furnish such required identification and/or supporting documents.
- (3) I/We have read and understood the Terms and Conditions set out by DSBC and agree to be governed by them.
- (4) I/We authorise “DSBC Financial Europe” UAB to deduct account closure fees from my/our account in accordance with the regulations of DSBC on Personal and Corporate Account Fees.

Authorized Signature 1	Authorized Signature 2
Full name: _____	Full name: _____
Date: ___/___/_____	Date: ___/___/_____

FOR "DSBC FINANCIAL EUROPE" UAB USE ONLY			
Authorized by:		Proceeded by:	
Date:	___/___/_____	Date:	___/___/_____
Signature:		Signature:	