

Account closing form

A. General information

Account holder

Contact person (Surname, Firstname)

Address

Telephone number for enquiries

B. Account closing information

I / We hereby instruct Deutsche Handelsbank AG to close the following accounts:

IBAN <input type="text"/>	to (date) <input type="text"/>	<input type="checkbox"/> immediately
IBAN <input type="text"/>	to (date) <input type="text"/>	<input type="checkbox"/> immediately

C. Clearance

SEPA direct debit mandate:

Creditor identifier

Mandate reference

Please transfer the remaining credit to the following account:

Account holder

IBAN <input type="text"/>	BIC <input type="text"/>
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Bank

In case one of the accounts to be deleted has a debit balance, I/we authorise Deutsche Handelsbank AG to debit the specified account with the amount. I/we hereby instruct my/our credit institute to honour the direct debits drawn on my/our account by Deutsche Handelsbank AG. I am/we are aware that the debit balance can be offset with my/our credit balance according to the general terms and conditions. The exact settlement data is listed in the final account statement. NB: I/we may request a refund of the debited amount within eight weeks of the debit date. The terms and conditions agreed with my/our credit institute shall apply.

Please sign and return it by fax to +49 (0)89 244 157 - 999 or scan to: support@handelsbank.com.

<p>Place / Date / Signature of the account holder or legal representative</p>
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