



ACCOUNT CLOSURE REQUEST FORM

Please write clearly using block letters for written instructions, or font size 12 for typed instructions.

Affix Barcode here if required

Date / /

Customer Name(s): _____

Account Details

Account Details (Bank/Branch/Account Number/Suffix(es))

Additional Suffixes

Instruction for Payment of Funds

Credit to HSBC NZ - Account Number

Account Details (Bank/Branch/Account Number/Suffix)

Account Name: _____

Pay via Local Payment to Bank: _____ Account Name: _____

Account Number

Reference: _____

By TT / other: _____

Reference: _____

(specify bank, branch, account name and number, clearing code etc as required by destination country)

For Transfer of funds \$ _____ (refer to fees and charges guide applicable to your account(s))

Reason for closure: _____

By signing below, I/we acknowledge that I/we wish to close the above named account(s) and this request is governed by the terms and conditions applicable to our account(s).

Customer Signature and Date

Customer Signature and Date

Contact Home Number _____

Bank Use Only

Yes / No

Yes / No

Debit Mastercard deleted and destroyed

Charges and interest applied

Internet Banking Deleted

Funds Dispersed

APs and DDs cancelled

Branch Comments _____

or Debit Account

Amount & Currency: _____

Signature verified and above actioned (Initials/Stamp/Date)

Charge Type: _____