

AA

Date: 

D	D

M	M

Y	Y	Y	Y

## CREDIT CARD TRANSFER AND CLOSURE

☐ Card Transfer      ☐ Card Closure      ☐ Reversal      ☐ Court Order

### DEBIT

Account Name

Account Number 

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 BVN

Amount in figures  Currency ☐ ₦ ☐ £ ☐ \$ ☐ € Others

Amount in words

### CREDIT

Account Name

Account Number 

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 BVN

Amount in figures  Currency ☐ ₦ ☐ £ ☐ \$ ☐ € Others

Amount in words

I/We, the above-mentioned customer request the closure of my/our account with details stated above and/or transfer of funds within my/our card account domiciled with the Bank. I/we hereby agree to return within two working days/confirm that I/we have destroyed all cards issued to me/us on my/our above stated account requested for closure, and fully indemnify the Bank for any adverse situation arising out of the requested transfer or my/our failure to destroy the cards issued on my/our account requested for closure.

Authorised Signatory

Date

D	D

M	M

Y	Y	Y	Y

### FOR THE BANK USE ONLY

SV Stamp

Staff ID

Staff ID

Signature  
& Date

Signature  
& Date

HNFT Stamp

HBS Stamp