

# Account Closure Form

We, the undersigned, representing,

hereby request Clearstream Banking S.A. ["CBL"] to close the following account(s) in our name:

Registered Company name (in full)\*

Main account<sup>1</sup>: \_\_\_\_\_

Third-party accounts: \_\_\_\_\_  
 \_\_\_\_\_

Additional accounts: \_\_\_\_\_  
 \_\_\_\_\_

Fund Issuance Accounts (FIA): \_\_\_\_\_  
 \_\_\_\_\_

File Transfer accounts: \_\_\_\_\_  
 \_\_\_\_\_

Reason for account closure

## Authorised signature(s)<sup>2</sup>

Signature*		Signature(*)	
First name*	Surname*	First name(*)	Surname(*)
Title		Title	
Place		Place	
Date		Date	

\* Mandatory fields  
 1. Closure of the main account is synonymous to the termination of the business relationship between CBL and the client.  
 2. Signatures must be deposited with CBL.