



GLOBAL BANK OF COMMERCE, LTD.

# ACCOUNT CLOSURE REQUEST - INTERNAL TRANSFER

Submit via fax (268)462-1831 or GlobexSecure Internet Banking Service

**Please Complete Form in Full**

## ACCOUNTS TRANSFER DETAILS

Customer Account Name *(FROM)*

Account Number

## TRANSFER INFORMATION

Beneficiary Account Name *(TO)*

Account Number

Amount of Transfer

Currency *(Please tick the appropriate currency)*

USD  CAD  GBP  EUR

Reason for Closure:

Special Instructions:

## AUTHORIZATION TO DEBIT ACCOUNT:

*/We authorise the Bank to close my/our account in accordance with the details set out in this form hereon, by debiting my/our account nominated in this form for the full account balance and to transfer funds, less any applicable commission, fees, costs and duties which are imposed by the Bank in connection with the execution of this Account Closure Request.*

Signatory Name *(Please print)*

Customer Signature

Date

Signatory Name *(Please print)*

Customer Signature

Date

## FOR BANK USE ONLY

Date Opened:

Date Closed:

Account Balance:

Transfer Amount:

Authorized by:

Date: