

Account Closure Form



Please complete this form in CAPITAL LETTERS. Mark answers in boxes with a cross (X) where required.

ACCOUNT DETAILS

Account Name

Account No.

Phone No. Alternative No.

E-mail Address

Account Type (Solo, Access Advantage, etc.)

TRANSFER FUNDS

Complete this section if you would like your funds migrated to another account within the Bank, or a new account opened for you.

A. Do you want to migrate to an existing account? Yes No

If yes, specify account details below.

Account Name

Account No.

B. Would you want an account opened for you? Yes No

Account Type (Solo, Access Advantage, etc.)

FORM OF IDENTIFICATION

National ID Card International Passport Driver's Licence Student's ID Card (Solo Account)

REASONS OF CLOSURE

- Bank charges unacceptable Poor service quality Product does not meet my need
 Borrowing facilities declined Change of employer
 Minimum threshold too high Account is no longer required. I have another account with Access Bank.

Any other reasons? Please specify below. _____

ACKNOWLEDGMENT

I hereby acknowledge the receipt of draft amounting to: ~~N~~

Customer Signature Date

FOR BANK'S USE ONLY

Comments (RM/BSH): _____

Signature/Date Signature/Date

Relationship Manager Branch Service Head