



Telephone: 0800 634 4862 Fax: 020 8711 2522 Email: [info@pensionpractitioner.com](mailto:info@pensionpractitioner.com) [www.pensionpractitioner.com](http://www.pensionpractitioner.com)  
UK Administration Centre: Office 12, Venture Wales Building, Pentrebach, Merthyr Tydfil, CF48 4DR

Lloyds Banking Group  
Client Banking Team  
1<sup>st</sup> Floor Etrick House  
37 South Gyle Crescent  
Edinburgh  
EH12 9DS

18 June 2019

**BY EMAIL ONLY**

Dear Sirs,

Barclay Media Pension Scheme  
Sort Code: 12-20-26  
Account Number: 06195180

Following your decision to close the bank account details above, please see the completed 'request to close account' form also attached to this email.

A cheque was originally issued for the closing balance and this should be stopped with immediate effect.

I look forward to receiving the funds by electronic transfer to my new account:

**Bank: Allied Irish Bank**  
**Account Name: Barclay Media Pension Scheme**  
**Sort Code: 23-83-96**  
**Account Number: 04919088**  
**Ref: BARCMED BOS transfer**

Thank you for your help.

Yours faithfully

**Roger John Barclay**

**Sarah Barclay**



# Request to close an account

**1****Account details**

Please write clearly in the white spaces with capital letters or cross the boxes.

Please use separate form for every 5 accounts.

Standing Orders and Direct Debits which are not transferred to another account will be cancelled.

Account name

Barclay Media Pension Scheme

Sort code

1 2 2 0 2 6

Account number

0 6 1 9 5 1 8 0

**2****Beneficiary details (please select one option only)****To Bank of Scotland account**

Beneficiary name

Sort code

Account number

**Electronic Payment**

(May be chargeable as specified in your Core Banking Agreement)

- Chaps Payment: £100,000 or more **£30 charge**
- Faster Payment: less than £100,000 **No charge**

Beneficiary name

Barclay Media Pension Scheme

Sort code

2 3 8 3 9 6

Account number

0 4 9 1 9 0 8 8

**Cheque**

Beneficiary name

Address to be sent to

Postcode

**3****Account holder details**

To be signed in accordance with the bank mandate

Print name

Roger John Barclay

Account holder's signature

Date 18 / 06 / 2019

Print name

Sarah Barclay

Account holder's signature

Date 18 / 06 / 2019

Print name

Account holder's signature

Date

Print name

Account holder's signature

Date

Please post this completed form to: Sighthill North, 2 Bankhead Crossway North, Edinburgh, EH11 4DT.