

# 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

P T Dolan Retirement Benefit Scheme

Sort code

1 2 2 0 2 6

Account number

1 0 0 7 9 0 6 1

**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
- Faster Payment: less than £100,000

**£30 charge**  
**No charge**

Beneficiary name

P T Dolan Retirement Benefit 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

Paul Tiernan Dolan

Account holder's signature

Date 16 / 07 / 2019

Print name

Account holder's signature

Date

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.**