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UK Administration Centre: 48 Chorley New Road, Bolton BL1 4AP

Metro Bank Plc
One Southampton Row
London
WC1B 5HA

Date:

Dear Team,

Account Number: 16713376

Please accept this letter as my request to close the above account with immediate effect. Please arrange to transfer any remaining balance to the follow account.

Account Name: PRN MEDICAL TRANSCRIPTION PEN FUND
Account Number:
Sort Code:
Payment Ref: PRN MEDICAL TRANSCRIPTION PEN FUND

David Bijl

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We hereby give our consent to the closure of the above account and a transfer out of the closing balance as requested above.

Authorised Signatory – Pension Practitioner. Com Limited