



Telephone: **0800 634 4862** Fax: 020 8711 2522 Email: info@pensionpractitioner.com www.pensionpractitioner.com
UK Administration Centre: 48 Chorley New Road, Bolton BL1 4AP

Metro Bank Plc
One Southampton Row
London
WC1B 5HA

Date:

Dear Team,

Account Number: 19825752

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: TRIMIX LIMITED PENSION SCHEME
Account Number:
Sort Code:
Payment Ref: TRIMIX LIMITED PENSION SCHEME

Sally Milliner

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