

Account Closure Request

Business Banking Customers only

Please fill in the form using BLOCK CAPITALS and black ink. Tick any boxes which apply.

You should make sure that the form is fully completed before you return it to us. When you're completing section 4, please read the signing instructions for the account to make sure you complete it correctly. If you're a Limited Company, then all directors will need to sign the form.

We'll close the account within 5 working days of receiving this form, as long as the form is completed correctly and it's passed security checks. All debit balances on the account(s) must be repaid before we close it.

Your details

Business name	Account numbers –	please list all accounts that you'd like to close
Current Business/Trading Address	Sort code	Account number Image: Constraint of the second se
Postcode		

2 Movement of credit balances

Please tell us which account to send any credit balance to by providing account details below (if transfers to more than one account are required, please complete the transfers via Online, Mobile or Telephone Banking before submitting the closure request)

Account Name	Sort code Account number
3 Reason for closure	
My business has closed I'm unhappy with the account charges I'm not happy with my product or service product or service	Other
4 Your authorisation	
I authorise the closure of the accounts detailed in section 1 and the r	novement of credit balance(s) requested in section 2 (if appropriate)
Name in full	Name in full
Signature	Signature
Date D D M M Y Y Y	Date D D M M Y Y Y Y
Name in full	Name in full
Signature	Signature
Date	D D M M Y Y Y

Closure request to be faxed to **0844 800 9988** (please make sure the correct number is input to ensure data is received by Santander) or sent via post to Santander Business Banking Operations, Sunderland, SR43 4FW.

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