

# Close an account

Fill in this form if you're a Business Banking customer and want to close a business bank account or business savings account

# Please fill in the form using block capitals and black ink. Tick any boxes which apply.

Fill in this form, then send it back to us. We can't close the account if it is not in credit, or if the details you've given don't match our records. You'll need pay off any overdraft or charges on your account before we can close it for you. Make sure this form is signed in line with how many signatories are needed to approve financial transactions and operate the account. If everything is correct, we'll close the account or accounts within 5 working days and send you confirmation of this.

#### 1 Tell us the account or accounts you're closing

Business name

#### Account details

Sort code

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| Account number |  |  |  |  |  |  |  |
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| Sort code |  |  |  |  |  |  |  |
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|           |  |  |  |  |  |  |  |

Account number

## 2 Tell us where to move the balance or balances to

Please tell us which account to send any money in the account or accounts to by providing account details below. If you need to transfer the money to more than 1 account, please use Mobile, Online or Telephone Banking to do this before submitting your closure request.

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| rt | code |  |
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|    |      |  |

| Account number |  |  |  |  |  |  |
|----------------|--|--|--|--|--|--|
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### 8 Your authorisation

| I authorise the closure of the accounts detailed in section 1 and the movement 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 Y | Date         | D D M M Y Y Y Y |  |  |  |
| Please return this form by post to Santander Business Banking Operations, Sunderland, SR43 4FW.   |                 |              |                 |  |  |  |

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