



Bank of St. Helena Ltd.

www.sainthelenabank.com

Close Account Form

1. Customer Details of Person Closing Account

Customer Name:

Telephone Number:

Email Address:

Reason for closing the Account:

2. Account Details

Account Number:

Account Name:

Remaining funds to be paid to:

Bank of St Helena Account

International Account*

*If paying funds to an international account, our Customer Services Section will be in touch with the relevant forms and information.

3. Funds to be paid to a St Helena Account

Funds remaining in the Account are to be paid in Cash/by Transfer (delete as applicable) to Account Number:

Cash Payment:

£

Transfer Payment:

£

4. Account Services

Please tick to select all services currently being utilised on the Account to be closed.

Are there cheques/Transfers outstanding?

Interest Bearing?

Is there a Direct Debit on this account?

Is there a loan on your account?

Is there an Overdraft on your account?	
Is there a Standing Order on this account?	
Online Banking	
Local Debit Card	

When closing an account, the customer must ensure to:

- Notify the Bank's Lending Section before account closure can be undertaken
- Cancel Direct Debits using the form provided, and notify the Billing Organisation that the Direct Debit is to be cancelled.
- Cancel any Standing Orders on the Account using the form provided. It will be the customer's responsibility to notify the credit party of this cancellation.
- Cancel all account features (Online Banking and Local Debit Card. Customers utilising the Overdraft facility must ensure the Overdraft is cleared before the account may be closed).

(In the event that a customer closes the account but has not cancelled the Direct Debit or Standing Order Services, by signing this form, these services will be cancelled automatically.)

- Any un-presented cheques, at the time of the account closure, are made good.

By signing below the customer agrees that they understand the procedures for closing the account and their responsibilities as set out here in the Close Account Form.

Customer Signature(s):	
Date:	

BANK USE ONLY			
Account Balance:			
Interest Payable			
Account cancelled by:	Name:		Signature:
Online Banking Service cancelled by: (If applicable)			
Local Debit Card cancelled by:			
Marketing Updated: (email changes only)			
Date Processed:			
System Reference:			
Input By (initial):		Authorised By (initial):	
Final Closing (Signature and Date):			

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Established and regulated in St Helena under the Financial Services Ordinance, 2008 and 2017, the Financial Services Regulations, 2017, the Company Ordinance, 2004 and the Company Regulations, 2004