

## CLOSE TOP-INTEREST ACCOUNT REQUEST FORM

*Please complete this Form for each account you wish to close.*

Name of Entity \_\_\_\_\_  
 Customer Number \_\_\_\_\_  
 Top-Interest Account Number \_\_\_\_\_

Please close the above-mentioned Top-Interest Account held at your branch and transfer the remaining balance plus any accrued interest to our counter-account, records of which are held by you.

Date \_\_\_\_\_

Full Name & Surname _____	Full Name & Surname _____
Signature _____	Signature _____
I.D./Passport No/s _____	I.D./Passport No/s _____
Full Name & Surname _____	Full Name & Surname _____
Signature _____	Signature _____
I.D./Passport No/s _____	I.D./Passport No/s _____

**Reason for closure** (please tick box below  as applicable)

<input type="checkbox"/> Customer service needs not met	<input type="checkbox"/> Level of charges unacceptable
<input type="checkbox"/> Product is not attractive	<input type="checkbox"/> Account no longer required
<input type="checkbox"/> Poor quality of service	

**Please return this form to:-  
 Credit Europe Bank N.V. Malta Branch, 143/2 Tower Road, Sliema SLM 1604.**