

# Closing Your Account(s)

Account(s) Closure Form. **Please note: This form and account closure mailbox are relevant for Danske Bank Republic of Ireland Customers only.**

The purpose of this form is to enable you to instruct Danske Bank to close your Account(s) and to nominate an account with another financial institution for receipt of funds upon the closure of the Account(s). Please ensure that you complete the account details clearly and accurately.

## Danske Bank Account(s) Details

Account Number 1:

Account Number 2:

Account Number 3:

	1 <sup>st</sup> Party or Company Name	2 <sup>nd</sup> Party (If applicable)	3 <sup>rd</sup> Party (If applicable)	4 <sup>th</sup> Party (If applicable)
Name of Account Holder				
Date of Birth (if applicable)	___/___/___	___/___/___	___/___/___	___/___/___
Contact Tel				
Email:				

## Beneficiary Details (i.e. where are the funds being sent to):

IBAN:

## Authorisation

Please close the Account(s) as detailed above:

I confirm that the above details are correct.

I confirm that the Account(s) may be closed.

I authorise you to transfer the credit balance on the Account(s) upon Account(s) closure.

Signature[s] of Customer[s]/Authorised Signatories in accordance with Bank Mandate

Date: / / \_\_\_\_\_

\_\_\_\_\_  
1<sup>st</sup> Party

\_\_\_\_\_  
2<sup>nd</sup> Party (if applicable)

\_\_\_\_\_  
3<sup>rd</sup> Party (if applicable)

\_\_\_\_\_  
4<sup>th</sup> Party (if applicable)

Post completed form to: **Danske Bank, 3<sup>rd</sup> Floor, 3 Harbourmaster Place, Dublin 1.**

Or Email: **accountclosures@danskebank.ie**

We may need to contact you by telephone to confirm details of your transfer.