

# SAXO BANK (SWITZERLAND) LTD

## Withdrawal Request or Account Closure Form



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### Please fill this form electronically:

PLEASE SUBMIT THIS DOCUMENT TO US BY EMAIL

#### Ordering Customer

Account Number: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_

Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Withdrawal: \_\_\_\_\_ Closure and Reason: \_\_\_\_\_

Amount: \_\_\_\_\_ Currency: \_\_\_\_\_

Amount in words: \_\_\_\_\_

#### Internal use only:

Plus fees transfer

Less fees of transfer

#### Beneficiary Bank Details

Correspondent Bank Name (if needed): \_\_\_\_\_

Correspondent Bank BIC/SWIFT (if needed): \_\_\_\_\_

Beneficiary Bank Name: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

City: \_\_\_\_\_ Country: \_\_\_\_\_

BIC/Swift or ABA: \_\_\_\_\_

(Payments will be delayed without this data)

#### Beneficiary Account Details

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

IBAN: \_\_\_\_\_

(Payments will be delayed without a correct IBAN)

Remarks: \_\_\_\_\_

(visible in beneficiary's statement)

Date: (DD / MM/ YYYY): \_\_\_ / \_\_\_ / \_\_\_\_\_

Signature: \_\_\_\_\_