



SOUTH AFRICA

(Reg. No. 1996/18176/10)

_____ Branch / Sub-Office / Marketing Office

CLOSURE OF ACCOUNT

I request you to close my account, my details are as follows:

| | |
|---|--|
| Customer Name | |
| Identification Number/Company Registration | |
| Account Number | |

Kindly transfer the remaining funds via:

| | |
|-------------------|--|
| EFT | |
| Remittance | |

For EFT kindly download and complete the EFT request form and email along with the account closure form to bankingjoburg5.rsa@statebank.com.

For remittance download the BOP form and email the form with the account closure form to remittance.rsa@statebank.com

The forms are available for download on www.statebank.co.za under *Download and Links*.

Kindly note that the Savings /Current account closure charges is **R100 + applicable VAT** and **NIL** for Term Deposit. It will be debited from your account prior to the transfer of funds.

Customer's Signature: _____

Date: _____

-----For Bank's Use-----

Closure Date _____

| | | | | | |
|-----------|--------------------|--|-----------|---------------------|----------------|
| | | | | DC NO | |
| DR | CUSTOMER ACC. | | CR | BENEFECIARY ACC | ACCOUNT NO |
| | | | | BR. COMM. A/C | 32697107003003 |
| | | | | VAT | 32697105800054 |
| | Total Debit | | | Total Credit | |

Captured By

User id: _____

Signature: _____ Date _____

Verified By

User id: _____

Signature: _____ Date _____

Johannesburg

3rd Floor, The Mall Office
11 Cradock Avenue
Rosebank 2196
(011) 778-4500
Bankingjoburg5.rsa@statebank.com

Lenasia

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Cnr K53 & Nirvana Drive
Lenasia
(011) 852-1588
Mgrlenasia.rsa@statebank.com

Durban

Shop 34, The Atrium Mall
430 Peter Mokaba Road
Overport
(031) 207-4102
Sbidbn.rsa@statebank.com