Request to close an account



1 Account details	46			3 %		33		100		33			1		
Please write clearly in the white spaces with capital letters or cross the boxes. Please use separate form for every 5 accounts.	Standing Orders and Direct Debits which are not transferred to another account will be cancelled.										raccount				
Account name Colling Homes (SMV) Limited SSAS	1 2 2 0 2 6							Account number 1 0 0 8 1 1 6 1							
Calibre Homes (SW) Limited SSAS		-	_	U	-	0		1	0 0	C	,	' '	0		
								1	J.		1	l,			
2 Beneficiary details (please select one option only)															
To Bank of Scotland account															
Beneficiary name	Sort code							Account number							
Electronic Payment (May be chargeable as specified in your Core Banking Agreement)															
Chaps Payment: £100,000 or more Faster Payment: less than £100,000 No charge															
Beneficiary name	Sort code							Account number							
Calibre Homes (SW) Limited SSAS	2 3 8 3 9 6 0 4 9 1 9 0								8 8						
Cheque	Address to be sent to														
Beneficiary name								0.000							
								Postcode							
3 Account holder details						X (b)								PERSONAL PROPERTY.	
To be signed in accordance with the bank mandate															
Print name	Print name														
PHILIP CLAYTON															
Account holder's signature	Account holder's signature														
Vmm av															
Date 15-7.19	Date														
Print name	Print name														
Account holder's signature	Account holder's signature														
Date	Da	ite													

Please post this completed form to: Sighthill North, 2 Bankhead Crossway North, Edinburgh, EH11 4DT.