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Metro Bank Plc

One Southampton Row London WC1B 5HA Date: Dear Team, Account Number: 16155772 Please accept this letter as my request to close the above account with immediate effect. Please arrange to transfer any remaining balance to the follow account. Account Name: JOVAL DAIRY RELIEF SERVICES LTD PS **Account Number:** Sort Code: Payment Ref: JOVAL DAIRY RELIEF SERVICES LTD PS **John Andrew Inglis** \_\_\_\_\_ **Valerie Inglis** We hereby give our consent to the closure of the above account and a transfer out of the closing balance as requested above.

Authorised Signatory - Pension Practitioner. Com Limited