

Telephone: 0800 634 4862 Fax: 020 8711 2522 Email: info@pensionpractitioner.com www.pensionpractitioner.com UK Administration Centre: 48 Chorley New Road, Bolton BL1 4AP

Metro Bank Plc One Southampton Row London WC1B 5HA

	Date:	
Dear Team,		
Account Number: 16108529		
Please accept this letter as my request to close the above account with arrange to transfer any remaining balance to the follow account.	immediate effect. Plea	ase
Account Name: MALCOLM CORCORAN ASSOCIATES P S Account Number: Sort Code:		
Payment Ref: MALCOLM CORCORAN ASSOCIATES P S		
 Malcolm Corcoran		
We hereby give our consent to the closure of the above account and a t balance as requested above.	ransfer out of the closi	ng
Authorised Signatory – Pension Practitioner. Com Limited		