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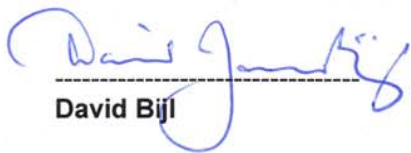
Date:

Dear Team,

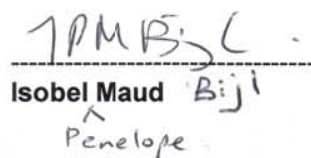
Account Number: 16713376

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: PRN MEDICAL TRANSCRIPTION PEN FUND
Account Number:
Sort Code:
Payment Ref: PRN MEDICAL TRANSCRIPTION PEN FUND



David Bijl



Isobel Maud Bijl
Penelope

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