



Telephone: **0800 634 4862** Fax: 020 8711 2522 Email: [info@pensionpractitioner.com](mailto:info@pensionpractitioner.com) [www.pensionpractitioner.com](http://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: 18997778**

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: QUALIMACH LIMITED SELF ADMINISTERED  
Account Number:  
Sort Code:  
Payment Ref: QUALIMACH LIMITED SELF ADMINISTERED

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**Keith Senior**

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**Kathleen Senior**

We hereby give our consent to the closure of the above account and a transfer out of the closing balance as requested above.

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Authorised Signatory – Pension Practitioner. Com Limited