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UK Administration Centre: 48 Chorley New Road, Bolton BL1 4AP

Metro Bank Plc  
One Southampton Row  
London  
WC1B 5HA

Date:

Dear Team,

Account Number: 16101834

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: Sollis Property Finance Consultants  
Account Number:  
Sort Code:  
Payment Ref: Sollis Property Finance Consultants

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Amanda Sollis

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Richard Sollis

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