

COMMON PRINCIPLES ON THE NATURAL PERSONS'  
CURRENT ACCOUNT SWITCHING

**APPLICATION No 2**  
on the use of the opportunity to switch payments relationship

Customer: Name: _____ Surname: _____ – Identity No./Date of birth _____ Address: _____ _____ _____ Tel. _____	Name of the former bank: _____ No of the former account. _____	Name of the new bank: _____ Contact person's name, surname, position: _____ e-mail: _____ Tel. _____ New account No _____
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**1. To the former bank**

**I wish to switch:**

**ALL or part**

**of the effective standing orders and recurrent direct debits attached in the Annex to this Application**

**(hereinafter – the Payments), executed from the former account to my new account, and**

**A** to close the former account

Please cancel the payments as of \_\_\_\_\_ and consider the agreements signed between me and the Bank or the payment orders void as of the above date. Please, after the above date, transfer the entire balance of the former account to my new account indicated above with the new bank, and close my former account.

If a payment card is linked to my former account, please terminate the service agreement of the payment card linked to the account. I am aware that, if a payment card (a credit or a debit card) is linked to the former account, the account will be closed no sooner than 45 days after the receipt date of this Application at the former bank.

Please withhold from my former account such fees and commissions as may be necessary for fulfilment of the above order.

**B** not to close the former account

Please cancel the payments as of \_\_\_\_\_ and consider the agreements signed between me and the Bank or the payment orders void as of the above date.

**2. To the new bank:**

If I have stated in this Application that I wish to close my former account, and my former bank has informed you that there are no sufficient funds in the account to close it, I hereby authorise the new bank, upon receipt of such information from the former bank, to transfer the necessary amount from my new account so that my former account can be closed.

Customer's signature: \_\_\_\_\_

Date: \_\_\_\_\_

New bank's note of receipt of the Application and the Customer's identification:

Application received : \_\_\_\_\_ (date)

Customer identified : \_\_\_\_\_ (date)

No and date of issue of the personal identity document \_\_\_\_\_ (photocopy attached)

Bank officer's name, surname, position \_\_\_\_\_

signature \_\_\_\_\_