

Closing Your Business Account(s)

Please close the Account[s]:

- I confirm that the above details are correct;
- I confirm that the Account(s) may be closed;
- I authorise you to carry out any transactions on the Account(s) in order to deal with any accrued interest, fees and/or charges;
- I authorise you to transfer the credit balance on the Account(s) (adjusted for accrued interest, fees and charges) upon account closure to the nominated account; and
- I confirm that the cards associated with the Account(s) have been destroyed.

	1st Authorised Signatory	2nd Authorised Signatory (if applicable)
Name of Authorised Signatory (PRINT NAME)	_____	_____
Signature of Authorised Signatory	_____	_____
Date	_____	_____
	3rd Authorised Signatory (if applicable)	4th Authorised Signatory (if applicable)
Name of Authorised Signatory (PRINT NAME)	_____	_____
Signature of Authorised Signatory	_____	_____
Date	_____	_____

Contact Telephone number: _____

Post completed form to: **Danske Bank, Account Closures Unit, PO Box 3345, Dublin 1.**

NB. * Any changes to the authorised Mandate holder/holders will involve, the completion of a new Mandate pack.

We may need to contact you by telephone to confirm details of your transfer.