



SOUTH AFRICA

(Reg. No. 1996/18176/10)

_____ Branch / Sub-Office / Marketing Office

CLOSURE OF ACCOUNT

I request you to close my account, my details are as follows:

Customer Name	
Identification Number/Company Registration	
Account Number	

Kindly transfer the remaining funds via:

EFT	
Remittance	

For EFT kindly download and complete the EFT request form and email along with the account closure form to bankingjoburg5.rsa@statebank.com.

For remittance download the BOP form and email the form with the account closure form to remittance.rsa@statebank.com

The forms are available for download on www.statebank.co.za under *Download and Links*.

Kindly note that the Savings /Current account closure charges is **R100 + applicable VAT** and **NIL** for Term Deposit. It will be debited from your account prior to the transfer of funds.

Customer's Signature: _____

Date: _____

-----For Bank's Use-----

Closure Date _____

				DC NO	
DR	CUSTOMER ACC.		CR	BENEFECIARY ACC	ACCOUNT NO
				BR. COMM. A/C	32697107003003
				VAT	32697105800054
	Total Debit			Total Credit	

Captured By

User id: _____

Signature: _____ Date _____

Verified By

User id: _____

Signature: _____ Date _____

Johannesburg

3rd Floor, The Mall Office
11 Cradock Avenue
Rosebank 2196
(011) 778-4500
Bankingjoburg5.rsa@statebank.com

Lenasia

Unit 61, Trade Route Mall
Cnr K53 & Nirvana Drive
Lenasia
(011) 852-1588
Mgrlenasia.rsa@statebank.com

Durban

Shop 34, The Atrium Mall
430 Peter Mokaba Road
Overport
(031) 207-4102
Sbidbn.rsa@statebank.com