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| Account Closing Application with LLC “Bank 131” |
| 1. **CLIENT DATA**
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| *(full name of the legal entity/individual entrepreneur/lawyer/notary, full name)* |
| INN (Taxpayer Identification number) / KIO (foreign company code) |  | OGRN (Primary State Registration number) / OGRNIP (Primary State Registration Number of the Individual Entrepreneur) / Registration No. |  |
| 1. **I REQUEST TO CLOSE THE ACCOUNTS**
 |
| **ACCOUNT NUMBER, AGREEMENT NUMBER** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Agreement of the Account dated /\_\_/ \_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_No. |  |
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|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Agreement of the Account dated /\_\_/ \_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_No. |  |
|  |  |
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|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Agreement of the Account dated /\_\_/ \_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_ No. |  |
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| **Please transfer the balance of funds on the Account(s) to the following bank details:** |
|  | INN (Taxpayer Identification number) of the Beneficiary |  |
|  | RCBIC |  |
| Correspondent account |  | Beneficiary account No. |  |

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| 1. **CLIENT’S SIGNATURE**
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| By filling out and signing this Application, I confirm that I have read and agree with the Rules, Tariffs, Banking Rules and other documents of the Bank.This Application is drawn up in two copies, having equal legal force, one for the Client and one for LLC “Bank 131”, or sent to the Bank via SIO (Information Exchange System) in accordance with the Rules. This Application is drawn up in Russian and English. In case of discrepancies, the Russian text shall take precedence.All capitalized terms used in this Application have the same meaning as in the Rules, unless a different meaning of these terms is defined in this Application. |
| *L.C. (if any)* |  |  |  |  |
|  | *(Signature)* |  | *(Position, full name)***\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_\_ / 20\_\_**  |

|  |  |  |  |  |  |  |  |
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| **4. FOR BANK USE ONLY**

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| The application was assigned No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_ / \_\_\_\_ / 20 \_\_ The Application was accepted and checked, Client was identified, the documents submitted by the Client, the authority of the person who signed the Application was verified by: |
| \_\_ / \_\_\_\_\_\_\_\_\_\_\_ / 20\_\_\_\_ | *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (full name and signature of Bank employee)* |
| 1. *Account No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*
 | closed | not closed  | date:  |

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**Banking representative** *(position, fill name)*

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**acting on the basis of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*(number and date of the power of attorney)*

L.C.