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| Application for termination of the Comprehensive Banking Service Agreement with LLC “Bank 131” | | | |
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| 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. |  |

The Client declares and offers LLC “Bank 131”:

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| ☐ | Terminate the Comprehensive Banking Service Agreement, in accordance with and on the conditions specified in the Rules for Comprehensive Banking Services for legal entities, individual entrepreneurs, and individuals engaged in private practice in LLC “Bank 131” in accordance with the procedure established by the legislation of the Russian Federation (hereinafter referred to as the Rules). |
| ☐ | Terminate the Agreement of the Account in accordance with the Rules and Conditions for opening, maintaining and settlement services of the Account and close the Bank Account(s) on the terms specified in this Application. |
| ☐ | Terminate SBP (Faster Payments System) Agreement. |
| ☐ | Terminate the Agreement on the implementation of information interaction using Information Exchange Systems. |

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| **2. I REQUEST TO TERMINATE THE COMPREHENSIVE BANKING SERVICE AGREEMENT AND CLOSE THE ACCOUNTS** | | | | | | | | | | | | | | | | | | | | | |
| **ACCOUNT NUMBER, AGREEMENT NUMBER** | | | | | | | | | | | | | | | | | | | |
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| 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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| **3. OTHER PROVISIONS AND CLIENT’s SIGNATURE** | | | | |
| Hereby the Client confirms that he/she has read and agree with the Rules, Tariffs, Banking Rules and other documents of the Bank.  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.  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 the 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. | | | | |
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|  | *(Signature)* |  | *(Position, full name)* |
|  |  | *L.C. (if any)* |  | **/\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_\_ / 20\_\_** |

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| **4. FOR BANK USE ONLY):**   |  |  |  |  | | --- | --- | --- | --- | | 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. *Comprehensive Banking Service Agreement* | terminated | Date |  | | 1. *Agreement of the Account* | terminated | Date |  | | *3. SBP (Faster Payments System) Agreement* | terminated | Date |  | | *4. SIO (Information Exchange System) Agreement* | terminated | Date |  | | *5. Accounts are closed:* | | | | | *Account No.* | *Account currency* | | *Closing date* | |  |  | |  | |  |  | |  | |

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

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

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

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

L.C.