



## ACCOUNT CLOSURE INSTRUCTION FORM

Please accept this instruction to close the account/s stated below held with the Gibraltar International Bank Limited.

**Account Name:**

**Account Number**

(if more than one to close, please list below):


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Please accept these transfer instruction(s) to remit the remaining balance(s) on the account(s) to the following:

Bank Name:

Sort Code:

Swift Code: IBAN Number :

Account Name:

Account Number:

### Reason for Account Closure

Please select as many of the following options that are relevant.

- ☐ Fees and Charges
- ☐ Better interest rates elsewhere
- ☐ Attractive offers from other banks
- ☐ Consolidating bank accounts
- ☐ Switching to a digital bank
- ☐ Security Concerns
- ☐ Negative experience wit G.I.B policies
- ☐ Customer Service
- ☐ Other (please specify the below)

<b>Account Holder's Signature</b>	<b>Account Holder's Signature</b>
<b>Full Name:</b>	<b>Full Name:</b>
<b>Date:</b>	<b>Date:</b>

We are always trying to improve, please let us know a little more about why you have decided to close your account at Gibraltar International Bank