

Account Closure Form

We, the undersigned, representing,

Registered Company name (in full)*

hereby request Clearstream Fund Centre S.A. (CFCL) to close the following account(s) in our name:

Main account¹: _____

Third-party accounts: _____

Additional accounts: _____

Fund Issuance Accounts (FIA): _____

File Transfer accounts: _____

Reason for account closure

Authorised signature(s)²

Signature*		Signature(*)	
First name*	Surname*	First name(*)	Surname(*)
Title		Title	
Place		Place	
Date		Date	

* Mandatory fields
 1. Closure of the main account is synonymous to the termination of the business relationship between CFCL and the client.
 2. Signatures must be deposited with CFCL.