

CURRENT ACCOUNT CLOSURE REQUEST



Account Number:

Name 1:

Name 2:

Please read the following before you sign.

I/we the undersigned, request closure of my current account and I/we acknowledge that I/we have read and understand the following:

- (i) By closing my Current Account I/we am aware that I/we will lose all features and benefits available on my existing account type. These include and are not limited to charging structure, fee exemptions, credit interest etc. (as applicable) and I acknowledge I may not be able to avail of this account type again in the future.
- (ii) Closure of Explore Account (where applicable): On closure of my/our Explore Account I/we are aware that I/we will lose my/our entitlement to Spend and Save Rewards and/or Mortgage Cashback payments including any which are pending but which have not yet been credited to my Explore Account.

Note: If you are unsure as to whether or not you hold a Mortgage that qualifies for 2% monthly cashback from permanent tsb, enquire in branch or call Open24 on 353 1 212 4101 or 1890500121

- (iii) If there are any funds remaining in the account at time of closure, please advise Permanent TSB on how you want to receive the funds. Please provide your account details i.e. IBAN, BIC and name and address of your bank if you want funds by electronic transfer.
- (iv) Mobile number: As part of the account closure process a member of our staff will need to contact you to confirm the closure request. We are required to use the contact number on file, please ensure the mobile number that permanent tsb holds is up to date. If the contact number on file is incorrect, you are required to update the number with a member of the Open 24 team prior to sending in the account closure request.

Please note: If we cannot contact you by phone, it may result in this request being delayed or not completed.

- (v) If the account is on a Joint Account we require all parties to sign the account closure form. If however it is not possible for all parties to sign the same form, please complete an additional form.

Customer Signature:

Customer Signature:

Date:

 / /

Date:

 / /

Bank Name and Address:

BIC:

IBAN:

Please ensure the following ID accompanies this Closure Form in order for Ptsb to complete your request:

Copy of certified photographic ID (Passport, Driver's license)

Or

2 forms of photographic ID (Not certified)

Reminder:

Have all parties to the account signed the form?

Have you advised Permanent TSB of up to date mobile phone number?

Did you advise of IBAN, BIC and name and address of your bank if applicable?

Is ID attached?

Please return completed form together with ID to your local Permanent TSB branch.

To be completed by branch staff:

I confirm that I have alerted the customer(s) to the impact of closing the Current Account/Explore Account on any benefits received from Permanent TSB.

Branch Signature:

Date: