

Application for Account Closure

Date of Application _____

To Sumitomo Mitsui Banking Corporation, Bangkok Branch ("the Bank")

Required Information

Account Name	
Account Number	

Please close the above-mentioned account in the following manner:

- ☐ Transfer the balance to my/our account number _____ maintained with the Bank.
- ☐ Cashier Order (Application for cashier order is required)
- ☐ Domestic Fund Transfer [BAHTNET] (Application for domestic fund transfer is required)
- ☐ Foreign Outward Remittance (Application for foreign outward remittance is required)
- ☐ Others (Please specify) _____

I/We have acknowledged that the completion and effectiveness of account closing will take approximately 5-7 business days after the date mentioned on this Application or the Bank receives the complete Application for Account Closure. I/We agree to be responsible for any related fee (if any) in connection with the instruction above and agree to hold the Bank harmless from any responsibility arising from such instruction. The related fees or charges in connection to the selected action per above instruction will be specified in its relevant Applications. I/We agree that the Bank reserves the right to revise all such fees or charges from time to time without prior notice.

For closure of current account, I/We hereby inform you that, at the date of this Application, my/our Current Account maintained at your Bank has no pending transaction and no balance remaining in such account. In the event that there are pending transaction and/or remaining balance, I/we understood that the account closure can be done only when the balance is zero and no other pending transaction. I/We have destroyed the unused cheque(s) in our possession, and I/We, therefore, authorize you to refuse payment, without our further notice, in the event of future presentation to the Bank of any cheque or draft drawn by me/us or to be paid out of my/our current account (if any). I/We undertake to hold you free from any responsibility that may arise from so doing.

Authorized Signature(s) with Company Chop

For closing all of your account(s)

Account Closure Declaration Clause:

By signing this form, I/We acknowledge and agree that upon the closure all of my account(s) with the Bank, the Electronic Banking Services Agreement dated _____ entered into between ourselves and the Bank shall be terminated with effect from the date when account closure is completed. The Bank reserves the right to deregister or terminate all services associated to those accounts, including but not limited to SMAR&TS (all company ID) and any other Transaction Banking related services. I/We understand that this may impact my ability to conduct future transactions, and I/we release the Bank from any liability arising from these actions. I/We confirm that I/we have read and understood the implications of this account closure and the termination of services.

Authorized Signature(s) with Company Chop

For Bank Use Only
Customer Information Department

Effective Account Close Date: _____

Front Office (Current Account Only)

MGMT	Manger	Front Office

Deposit Manager	CIF		
	Approver	Checker	Maker/Verifier