SMBC SUMITOMO MITSUI BANKING CORPORATION

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 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.

By signing this form, I/We acknowledge that upon closing my/our account, the Bank reserves the right to terminate all associated services, including but not limited to SMAR&TS and other Transaction Banking-related services. I/We understand that this may affect my/our 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

SUMITOMO MITSUI BANKING CORPORATION

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