

Close Retail Products Form

Please complete this form in BLOCK LETTERS. Incomplete forms will not be processed.

Information Accountholder(s)		
BSN number or ID type + ID number		
Given name(s) and Surname		
Telephone number / EMAIL		
Your ICBC IBAN number	NL ICBK	
I want to close my package* and Agreements at ICBC (Europe) S.A. Amsterdam Branch		
Reason for closure (please specify)		
Please transfer my funds to: <i>* If you have a balance on your account(s), please complete the information on the right</i>	Beneficiary name Beneficiary account number Name of beneficiary bank For International payments, please also complete the following questions: Beneficiary address and number Beneficiary zipcode and place Beneficiary country BIC code of Beneficiary bank	
By signing I agree with the applicable Terms and Conditions: Terms and Conditions Retail Customers and General Banking Conditions and Notes General Banking Conditions		
Date and place	Signature 1	Signature 2

Submit this form, including a copy of your ID, by fax, post or e-mail (scan) to banking@nl.icbc.com.cn