

Bank account closure form

In order to be able to transfer the remaining money from your ING account before the closure of your account, we need you to complete this form and send it back to us before the end of the notice period written on your termination letter.

1. Please complete this document with CAPITAL LETTERS and send it back:

By Post:
ING Luxembourg SA
Attn.: Retail Client Services - Life Cycle Management
26, Place de la Gare
L-2965 Luxembourg

2. Client information

Company


Accounts held at ING Luxembourg

LU	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
LU	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
LU	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
LU	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

3. Bank account to transfer the remaining balance of all your bank account(s) at ING (after deduction of our (closing) fees, if any)

Account holder name
(the account must be in the name of your company)

IBAN
(bank account in the Euro zone)


 **This account cannot be with ING Luxembourg**

Please sign according to the company's powers:

Date *(dd/mm/yyyy)*

Authorised signature 1 _____

Authorised signature 2 _____

 **Please send this document back to us together with:**

1. A double-sided copy of the valid ID card(s) of the authorized representative(s) of the company
2. The bank details of your company (official IBAN document) at another bank.