

APPLICATION FOR VISA CARD ACCOUNT AND CARD CLOSURE

From _____

I request you to terminate the Agreement No. _____ dated _____ the Agreement for VISA international card issue and servicing

Visa Classic Visa Electron Visa Gold Visa Travel Visa GM

to close my Card Account and Visa Card (cards) No.

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And the card account:

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and transfer the balance amount to the demand deposit account No. _____

I confirm that the information provided below is true and gull. I am aware that in case of availability of authorized and non-mutually settled transactions, the refund amount will be made within 30 days as far as issuing transactions minus the amounts of issued transactions, as well as bank servicing fees.

CARD STATE WHEN SIGNING THE APPLICATION


Card with the number in application is turned to the bank and destroyed in my presence lost

Cardholder's signature Date:

BANK REMARK

Card issued: Time:
 Card is blocked; Date: Timing:

BANK'S OFFICIAL REMARKS

Official action/decision/remarks	Full name of the employee	Signature
The Application and the card (if not lost) are accepted by		
Agreed by:		