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HSBC

Affix Barcode here if required

ACCOUNT CLOSURE REQUEST FORM

Reset Form

Customer's name(s)	Date / /

Account Details

Account Details (Bank/Branch/Account Number/Suffix(es))

Additional Suffixes

Instruction for Payment of Funds

☐ Credit to HSBC NZ - Account Number

Account Name:

Account Details (Bank/Branch/Account Number/Suffix)

☐ Pay via Local Payment to Bank:

Account Name:

Account Number

Reference:

☐ By TT / other:

Reference: (specify bank, branch, account name and number, clearing code etc as required by destination country/region)

☐ For Transfer of funds $ (refer to fees and charges guide applicable to your account(s))

Reason for closure:

By signing below, I/we acknowledge that I/we wish to close the above named account(s) and this request is governed by the terms and conditions applicable to our account(s).

Cstomer Signature | Date | Cstomer Signature | Date

Contact Home Number

Bank Use Only

Yes / No		Yes / No	
☐	☐ ATM Card deleted and destroyed	☐	☐ A/Ps and DDs cancelled
☐	☐ Internet Banking Deleted	☐	☐ Charges and Interest Applied
☐	☐ Payment stopped for unpresented cheques	☐	☐ Funds Dispersed
☐	☐ Unused cheque(s) received and returned for refund NZD		

Branch Comments

or Debit Account

Amount & Currency:

Charge Type

Signature verified and above actioned (Initials/Stamp) | Date

Issued by The Hongkong and Shanghai Banking Corporation Limited, incorporated in the Hong Kong SAR, acting through its New Zealand branch ("HSBC").

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