

Fill in the form on your computer or write clearly. Sign by hand with blue ink and submit it in the original.

Attach a certified copy of a certified identification document of the authorized signatory and a registration certificate that verifies the authorized signatory.

Bank certificate showing account holder.

Send to:

PRV

Box 5055

102 42 Stockholm

### 1. Deposit account that is to be closed

Deposit account number

### 2. If money remains in the deposit account, PRV shall

Bankgiro- or plusgironumber, bank account or IBAN and SWIFT

☐

Pay back to account:



### 3. Signature

Authorized signatory for the company who has the deposit account must sign the notification.

Date

Signature of authorized signatory

Name clarification

## Information

Use this form when you want to close the deposit account.