Print Reset form

SMBC SUMITOMO MITSUI BANKING CORPORATION

Application for Closure of Account

Date of Application:

To: Sumitomo Mitsui Banking Corporation Singapore Branch

1. Request	
Account Name	
Account Number	

With effect from _____ please close the above-mentioned account in the following manner:

☐ Collect your charges and remit the proceeds as per the Remittance Application form attached.

☐ Transfer the balance to my/our Account number:_____ maintained with your bank.

For unused cheques (If any)

☐ I/We enclose unused Cheque No._____ to _____ for your retention.

☐ I/We confirm that there are no unused cheques to be returned.

2. Termination of Bank Connectivity Services and Recurring Instructions

I/We hereby confirm our understanding and accept that, upon the closure of the above-mentioned account (corresponding to my/our Electronic Banking Services Agreement ("Agreement"), if applicable), the Electronic Banking Services and any associated SMAR&TS Company IDs linked to this account shall be terminated or deregistered in accordance with the terms of the Agreement.

I/We understand and agree that the monthly recurring fee will be imposed on me/us for the last month, or part thereof, of the SMAR&TS services if the prior termination notice provided by me/us is shorter than the 30 days required under the Agreement.

For the avoidance of doubt, this closure pertains solely to this account and does not extend to any other related accounts.

Additionally, I/We acknowledge that all existing GIRO arrangements, including both Standing Orders and Direct Debit Authorisations linked to this account, will be terminated as part of this account closure.

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3. Common Reporting Standard ("CRS") / Foreign Account Tax Compliance Act ("FATCA") Matters

I/We understand that the Bank's policy is to ensure that the relevant CRS & FATCA documentation collected from customers previously is still valid prior to account closure. In this regard [Please tick all applicable boxes and input the relevant dates where requested]:

☐ I/We enclose a new CRS & FATCA self-certification form signed by the account holder(s)/ authorized signer(s).

☐ I/We confirm that the following CRS & FATCA documentation provided to you previously remains valid as at the date of completing this form:

- ☐ (Mandatory) CRS / CRS & FATCA self-certification dated _____
- ☐ (If applicable) Form W-8 dated _____ (for non-US tax residents only)
- ☐ (If applicable) Form W-9 dated _____ (for US tax residents only)

I/We further note that you may request additional information / confirmation on the CRS & FATCA documentation provided prior to account closure.

Sign here

_____

Authorised Signature(s) & Company Stamp (If applicable)

Section for Our Bank Use

Date Closed: _____

For Business Promotion Department

FATCA Self-Certification obtained? Y / N

CRS Self-Certification obtained? Y / N

Checker	Maker	Signature Verified

MGMT	HOD	OIC