



Deutsche Bank AG
Spezialservice Ausländische Studenten
Alter Wall 53
20457 Hamburg
Deutschland

Closing order

Personal data

Branch no. | Customer no. | Sub-account

Ms Mr | Title

First name/-s

Last name

Account closing

Please close my account and transfer the remaining balance to the following account:

First name/-s of the beneficiary

Last name of the beneficiary

Street | House no.

Postcode | City

Country

Account number of the beneficiary

IBAN of the beneficiary

Bank/Bank ID-code of beneficiary's bank

Name and location of beneficiary's bank

Signature

Date

Place

Signature

Signature of the account holder

X

Please send us this order by post.



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