

Date:						
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APPLICATION FOR ACCOUNT CLOSING

Company Name	
Account Number	
Account Currency	

We request you to pay the credit balance upon closing the account (as stated below)
(Please tick the appropriate box)

By Transfer	<i>Remit credit balance to the account as indicated below:</i>	
	Bank Name	
	Bank Swift Code	
	Account Name	
	Account Number	
	Intermediary Bank (if any)	
	Bank Charges	<input type="checkbox"/> OUR (<i>Remitter to pay all charges</i>) <input type="checkbox"/> BEN (<i>Beneficiary to pay all charges</i>) <input type="checkbox"/> SHA (<i>Remitter to pay local Mizuho charges and Beneficiary to pay other bank charges</i>)

For Current Account Use

<input type="checkbox"/>	We enclose the unused cheque book(s) of the account for cancellation.
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For Mizuho Bank Report Service Use (where applicable)

<input type="checkbox"/>	We enclose the Application for Mizuho Bank Report Service with Debit Authorization (Form XV-06-001) for termination.
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For Mizuho Global e-Banking Use (where applicable)

Unit Code

<input type="checkbox"/>	We agree to unlink the partial accounts stated in the above from Mizuho Global e-Banking
<input type="checkbox"/>	We agree to terminate Mizuho Global e-Banking Service

- We shall take full responsibility of destroying the unused Cheque Book(s) to prevent any untoward incidents. We agree to indemnify you from any loss you may incur in connection herewith.
- We acknowledge and consent to the Bank being irrevocably authorized to continue sharing applicable or related information with Mizuho Bank, Ltd extending beyond the account closure for the purposes of reporting and consolidation and similarly may disclose similar information to any of its affiliates within the provisions conferred under the Personal Data Protection Act 2010 ("PDPA") including any third party vendors to whom the Bank has outsourced certain functions as permitted under Bank Negara Malaysia or under any applicable regulations.
- We understand that we may, with reasonable notice in writing to the Bank, withdraw or revoke our authorisation in respect of disclosure of our information, save where releases of the information based upon this authorisation has already occurred. We understand that a withdrawal or revocation of such authorisation does not guarantee that the information so released may be stopped or recovered.



Authorized Signatory/ies (Complete With Company Stamp, wherever applicable)

Signatory Name
