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Please complete all sections. Once complete, email to account closure @credogroup.com

| Section I – Portfolio Details | | | | |
|---|-------------------------------------|------------------|---------|--|
| Portfolio | | | | |
| Portfolio Number & Name | | | | |
| Custodian Account Number | | | | |
| FI Name (if applicable) | | | | |
| Contact Name & Email Address to Receive Updates | | | | |
| Account to Close | ()GIA | ()ISA | ()JISA | |
| Reason for Closure | | | | |
| Section II – Asset transfer | | | | |
| Summary | | | | |
| Total Number of Lines to be Transferred | | | | |
| Change of Beneficial Owner? If Yes, please note the transfer may be subject to Stamp Duty / Local Taxes | Yes | ⊘ No | | |
| Complete the relevant subsection below | N | | | |
| Internal Transfer Account Details | | | | |
| Account Number & Name Transferring to | | | | |
| Transfer of Securities at | Market Value | Book Cos | t | |
| External Transfer Out New Provider Details | | | | |
| Name | | | | |
| Contact Number | | | | |
| Contact Email | | | | |
| Reference / Account Number | | | | |
| **Please provide all necessary bank de | tails | | | |
| Notes | | | | |
| Section III – Declarations ar | nd Signatures | | | |
| We confirm that we have authority from | n the Account Holder to | act on their beh | alf | |
| Name | Signatory | | Date | |
| | | | | |
| Name | Signatory | | Date | |
| - | Click to submit to Account Closures | | | |