



## REQUEST FOR WITHDRAWAL

**After the required notice period please make the following payment out of my/our account:**

Amount	£	Amount in words	
Account No		Account name	
Account Type			
Correspondent's address and postcode			

**Transfer to Bank account**

(NB: allow 3 days to clear your account or tick sameday which will incur an additional charge) **For Sameday please**

Account name			
Bank name			
Branch			
Sort Code		Account Number	
Reference (if required)			

**OR By cheque**

Make cheque payable to

**Cheque to be sent to** (if different from account name and address)

Name	
Address and Postcode	

**SIGNATURE(S)** in accordance with the relevant account mandate

Signature	
Name 1.	
Signature	
Name 2.	
Date	

**OFFICE USE ONLY**

Withdrawal due date .....

Chq. No. ....

Date: .....

Checked 1.....

Checked 2.....

**KINGDOM BANK LTD**  
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