

COMMON PRINCIPLES OF NATURAL PERSONS'  
CURRENT ACCOUNT SWITCHING

**Application No 1**  
On switching of payments relationship

Customer: Name: _____ Surname: _____ Identity No./Date of birth _____ Address: _____ _____ Tel. _____	Recipient: Name of the 'former' bank: _____ Former account No _____	Name of the 'new' bank: _____ Name, surname, position of the contact person: _____ Tel. _____ e-mail _____ New account No. _____
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I hereby request you to provide the new bank and authorise the new bank in my name to receive the list with the information on the effective standing orders and direct debits (hereinafter – the payments) that are/must be made from the former account at your bank indicated above.

Please submit to the new bank the information on the circumstances prohibiting switching of the payments and/or closing of the former account.

Please submit to the new bank the information whether a payment card is/is not linked to the former account.

I hereby agree to it that the information between the former bank and the new bank is exchanged by means of a courier service or the Latvian Post. I authorise the former bank to withhold postal expenses for sending the information to the new bank from the former account.

Customer's signature: \_\_\_\_\_ Date: \_\_\_\_\_

The new bank's acknowledgement of receipt of the Application and the Customer's identification:

Application received : \_\_\_\_\_ ( date)

Customer identified : \_\_\_\_\_ ( date)

Date of issue and the number of the personal identity document \_\_\_\_\_ (photocopy attached )

Name, surname, position of the bank officer \_\_\_\_\_

Signature \_\_\_\_\_