

Bank switching date	¹ :	//	/
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Request form for switching of a saving account

The undersigned, holder(s) of the following personal accounts in the name of:							
	BE D			payment or saving account at the <u>new</u> bank			
	BE			saving account at the <u>former</u> bank			
asks/ask the new and the former bank to carry out the Bank Switching Service for the regulated saving account with the former bank mentioned above, in accordance with the terms and conditions of the Bank Switching Service Regulation.							
The undersigned explicitly request(s) the liquidation of the savings account at the previous bank and the transfer of the balance and interest to the savings account or payment account at the new bank.							
In order to be able to perform the service requested by the undersigned, the former bank and the new bank must process personal data of the undersigned.							
The undersigned acknowledges/acknowledge receipt of a copy of the Bank Switching Service Regulation, confirms/confirm having read its provisions and agrees/agree to be bound by them.							
Done in duplicate at on							
Account holder(s) of new AND former accounts		Signature	(s)				
	Name	First name					

¹ May be completed by the account holder(s): the requested switching date must be situated in the future between 10 bank working days and 1 month after receipt by the new bank