

TURKISH BANK UK PAYMENT SWITCHING FORM

Title :	First Name :	Middle Name :	Surname :
Date of Birth DD/MM/YY :		Nationality :	Country of Residence :

Type of Address : <input type="checkbox"/> Residential <input type="checkbox"/> Business (Please tick the relevant box)			
House/Door Number :	House Name :	Street Name :	Town :
City :	Post Code :	Country	
Do you have a debit card with your old bank? : <input type="checkbox"/> Yes <input type="checkbox"/> No Last 5 Pan Digits of Debit Card, if applicable (this is the long 16 digit number but please only write your last five digits)			
New Account Number :	Old Account Number :	Old Bank Sort Code:	Old Bank Name :
Do you have any Standing Orders or Direct Debits you wish us to transfer? Yes/ No/ Not App (if 'yes' please complete separate sheet) I/we hereby authorise Turkish Bank UK to initiate a Partial Account Switch as my new Bank from the old Bank, with the details given above. I/we understand that a Partial Switch can only transfer my/our payments and does not transfer the balance, or close my/our existing Bank account.			
Name : (first party)	Signature :		Date :
Name : (second party)	Signature :		Date :

For Bank Use Only:

Branch Name:	Name of Branch Member :	Signature of Branch Member :
Check List : Have you taken a copy of recent statement from customer's old bank?	Please tick the relevant box : <input type="checkbox"/> Yes <input type="checkbox"/> No	Notes :
Has the customer signed the form?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the Debit Card last 5 Pan digits noted?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Periodic Payments to be transferred now, or in the near future.	Date to be transferred	Signature of Branch Member :
		Notes :