Withdrawal request form



How to complete this form

Please complete in BLACK INK and BLOCK CAPITALS so that your instructions are easy to read.

Please return this form to: Santander International, PO Box 123, 19-21 Prospect Hill, Douglas, Isle of Man IM99 1ZZ, British Isles.

If you have any queries regarding this form please call us on 08000 84 28 88 if calling from a UK landline or mobile, or +44 (0)1624 641 888, if calling from overseas. Lines are open from 9am – 5pm UK time, Monday to Friday (except Wednesday when we open at 9.30am). Calls are recorded and may be monitored.

Santander International is able to provide this document in large print, Braille and audio CD. If you would like to receive this document in one of these formats, please contact us.

1 Account details	
Please state the account number you wish the	Account name
withdrawal to be made from	Account name
2 Payment date	
The payment is to be made (select one option only):	
Immediately On expiry of notice (only applicable on notice	e accounts) On this date: D D M M Y Y Y Y
3 Payment amount	
	ncy, please specify
	Amount in words
Amount	Amount in words
Or Close my account and pay the balance and closing interest	
4 Payment method	
Transfer my money into another Santander International account	Account number
Account name	
Transfer my money in Sterling to another bank account in the UK, Chan	nel Islands or Isle of Man
By Faster Payment By BACS	By CHAPS
(Free of charge, within 1 business day where an instruction is received before 1pm on a where an instruction	
business day, for amounts under £100,000) 1pm on a business of	day) a £30 charge applies)
Bank	Sort code Account number
Account name	Payment reference
Transfer my money to an overseas bank account by SWIFT	
(Also use this section if transferring a currency other than Sterling to a bank in the UK, C SWIFT payment and information about charges made by other banks for transmitting y	
Bank name	BIC/Bank code number
Bank address (please include country and postcode/ zip code)	
Beneficiary account number/IBAN number	
Beneficiary name	Beneficiary address (please include country and postcode/ zip code)
Payment reference	
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5 Signature(s)

Please note that we may need to contact you to verify your instruction and delays may occur if we cannot contact you. It is your responsibility to provide up to date contact details and we will not be responsible for any costs arising from such delays.

First account holder's signature		Second account holder's	s signature
Print name		Print name	
Date	D D M M Y Y Y	Date	D D M M Y Y Y
Third account holder's signature		Fourth account holder's	signature
Print name		Print name	
Date	D D M M Y Y Y Y	Date	D D M M Y Y Y