

DNBC CLIENT REQUEST FOR CLOSURE OF GLOBAL WALLET

I. CLIENT INFORMATION

1. Business Details

Company Name:	
Company Number:	
Jurisdiction of Incorporation:	
Date of incorporation:	
Company Type:	
Registered Address:	
Website:	
DNBC Account Number:	
Email Contact:	
Phone Contact:	

2. Authorized Person Details

Full Name (<i>Given Name, Surname</i>):	
Passport No:	
Position:	
Nationality:	
Date of birth:	
Residency:	

II. WALLET DETAILS

Account Closing Fee:	
Current Balance:	
Remaining Balance to be Returned: <i>(Not including outgoing fees)</i>	

GWC311024V1

TERMS AND CONDITIONS

By signing this form, the undersigned client of **DNBC Financial Canada Limited** ("DNBC"), request the closure of the Global Wallet in your DNBC account and agree to the following terms:

1. Termination of Global Wallet Services

The Client hereby formally requests the termination of their Global Wallet service. DNBC will proceed with the account closure upon receiving this completed and signed request form. The Client acknowledges that any outstanding financial obligations, transactions, or fees related to the Global Wallet remain their responsibility until all balances are settled.

2. Final Transactions and Fees

The Client agrees that any transactions initiated prior to this closure request will be processed. The Client remains liable for all balances, fees, or charges related to these transactions. DNBC may deduct any such outstanding amounts from the remaining balance before finalizing the account closure.

3. Transfer of Remaining Balance

- Zero Balance Confirmation:** The Client confirms that all funds have already been transferred from the Global Wallet, resulting in a final balance of zero (Balance = 0). By selecting this option, the Client certifies that there are no remaining funds in the wallet, and DNBC is not responsible for any further balance inquiries or transfers after the account closure.
- Balance Transfer Request:** The Client requests DNBC to transfer any remaining balance in the Global Wallet to the specified external bank account below following account closure. This transfer will be completed within **five to seven (5-7) business days** after the wallet is closed.

Account Holder Name:	
Bank Name:	
Bank Account Number:	
Bank SWIFT/BIC Code:	
Bank Address:	

4. Termination of Access

Once the Global Wallet has been closed, the Client's access to the Global Wallet and all associate services provided by DNBC will be permanently terminated. The Client will no longer be able to conduct any transactions through the wallet after closure.

5. Data Retention and Compliance

The Client acknowledges that DNBC will retain records of all transactions, personal information, and related data in compliance with applicable regulations, including Anti-Money Laundering (AML) and Know Your Client (KYC) requirements. This data retention serves regulatory, compliance, and audit purposes only and will be managed per DNBC's Privacy Policy.

6. Release of Liability

Upon completion of the wallet closure, the Client releases DNBC from any further obligations or liabilities related to the management or functionality of the Global Wallet. This release excludes any obligations arising from transactions initiated prior to the closure request, which remain the Client's responsibility.

7. Confirmation of Wallet Closure

The Client understands that the closure of the Global Wallet may take up to **five to seven (5-7) business days** to complete. DNBC will issue a written confirmation of the wallet closure once the process has been finalized.

III. CLIENT DECLARATION

I, the undersigned, hereby declare that I have read, understood, and agree to the above Terms and Conditions for the closure of my Global Wallet. I authorize DNBC Financial Canada Limited to proceed with the closure of my Global Wallet linked to my DNBC account and to transfer any remaining balance to the account specified above (if applicable). I confirm that the information provided in this form is accurate and complete.

Account Authorized Signature: Please fill in the full name, date, and Signature within the box below.

Full Name:

Date of Signature:

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