

Account Switching Service Transfer of Payment Services

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Field A

Bank of Origin

IBAN: _____

Field B

Recipient Bank

NOVO BANCO, S.A.

IBAN: _____

Current account
no.: _____

Individuals Involved

1st Account Holder

Full Name: _____	Taxpayer Number: _____
Identity Document: ☐ ID card / Citizen Card ☐ Passport ☐ Other	No.: _____

2nd Account Holder

Full Name: _____	Taxpayer Number: _____
Identity Document: ☐ ID card / Citizen Card ☐ Passport ☐ Other	No.: _____

3rd Account Holder

Full Name: _____	Taxpayer Number: _____
Identity Document: ☐ ID card / Citizen Card ☐ Passport ☐ Other	No.: _____

4th Account Holder

Full Name: _____	Taxpayer Number: _____
Identity Document: ☐ ID card / Citizen Card ☐ Passport ☐ Other	No.: _____

To: Bank of Origin

Dear Sir/Madam,

I am requesting that a list ("List") be prepared including all payment services associated with the account held with the Bank of Origin identified in Field A, and that this List be sent to novobanco (Recipient Bank) at mudancadeconta@novobanco.pt, relating to the following:

(Please tick the relevant option(s))

- ☐ Recurring direct debit payments done within the last 13 months, standing credit transfer orders (periodic credit transfer orders) and recurring credit transfers to the account identified in Field A
- ☐ Transactions as listed in the Annex to this request

(Note: if you select this option, you must specify the services you wish to change in the Annex to this document)

Once the List has been sent to the Recipient Bank, please stop accepting the direct debits and credit transfers shown in the list in question, and cancel any standing transfer orders, effective as of:

____/____/____ (1).

(1) This date must be at least 13 working days from the date of signing the change request. If no valid date is specified, the 13th working day from the date of signing this application shall apply.

O Novo Banco, S.A. é uma entidade detida pelo BPCE SA.
Sede: Campus do novobanco, Avenida Doutor Mário Soares, Taguspark, Edifício 1, 2740-119 Porto Salvo, Portugal
Número único 513 204 016 de pessoa coletiva e de registo na Conservatória do Registo Comercial de Lisboa
Capital social de 2.245.000.000,00 euros - Swift Address - BESCPTPL



I also request the following:

(Please tick the relevant option(s))

☐ Please send the List to my email address: _____

☐ The payment account specified in Field A should be closed, effective as of the date indicated above, and the remaining balance should be transferred to the payment account specified in Field B upon completion of this closure. I hereby authorise the cancellation of any payment cards and unused cheques requested, as well as any other banking contracts and services associated with the account requiring no specific action on the part of the customer, effective as of the date stated in this document.

(Note: In order to close the account, its contractual conditions must be met, namely the existence of no outstanding obligations against the account)

Yours faithfully,

Account holder(s) identified in Field A and Field B

To: novobanco (Recipient Bank) Dear

Sir/Madam,

I hereby authorise you, upon receipt of the above List, to set up the payment services listed therein in the account identified in Field B, effective as of the above date (the service cancellation date at the Bank of Origin).

Furthermore:

(Please tick the relevant option(s))

☐ I intend to provide information about the change of account directly to the Ordering Entities of recurring transfers, and thus would like to request a template letter for this purpose

☐ I intend to provide information about the change of account directly to the Creditor Organisations of direct debits, and thus would like to request a template letter for this purpose

Note: If one or both of these options is not selected, the Customer expressly authorises novobanco to communicate directly with the Ordering Entities of recurring transfers and/or the Creditor Organisations of direct debits who will henceforth make the transfers or collect the funds from the account specified in Field B, respectively, identifying the details of that account and conveying the Customer's authorisation, by providing the template letter duly completed and signed by the Customer.

Information on payment services to be transferred and account closure is provided free of charge. However, per the relevant pricing schedule, the Bank may charge fees for other additional tasks associated with the account switching service.

Yours faithfully,

Account holder(s) identified in Field A and Field B

Date:

--	--	--	--	--	--	--	--	--	--

(Account Holder signature as per ID document)

(Account Holder signature as per ID document)

(Account Holder signature as per ID document)

(Account Holder signature as per ID document)

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Field to be completed by novobanco only (Recipient Bank);
(Signature(s) verified against identification documents and the stamp of the office/branch)

Date:

			/				/				
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(novobanco signature – Employee)

(novobanco signature – Manager)

Any queries, questions or replies should be sent to NOVO BANCO, S.A. (DMO - Payment Services Dept.) via the following email address: mudancadeconta@novobanco.pt

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Annex

Identification of payment services to be changed

(please complete if you want only those services listed here to be changed)

* Authorisations of Direct Debit:

Creditor No.	Entity	Address	DDA Ref.	Expiry Date	Maximum Amount
				//	
				//	
				//	
				//	
				//	
				//	

* Standing Transfer Orders where the account identified in FIELD A is the Ordering Entity:

IBAN of Beneficiary	Name of Beneficiary	Amount	Frequency	Start Date	End Date	Description
				//	//	
				//	//	
				//	//	
				//	//	
				//	//	
				//	//	

* Recurring Credit Transfers:

Ordering party	
IBAN	Name