

Cancellation of debit/credit card

Please complete this document in capital letters and return it signed and a copy of the identity card (front and back) of all signatories to cards@keytradebank.com.

YOUR REQUEST CAN ONLY BE PROCESSED QUICKLY IF IT IS COMPLETE.

> Holder of the card(s) to cancel

Surname First name
User name/ Logon

> Card(s) number(s) to cancel

Please indicate below the numbers of the card to be cancel:

DEBIT CARD CANCELLATION

____ • ____ • ____ • ____ • ____

CREDIT CARD CANCELLATION

____ • ____ • ____ • ____

I agree to clear any debit balances on my accounts. By signing this form, I agree to renounce the insurances linked to the credit card, including purchases and transactions performed before the request of cancellation of the credit card.

Personal data will be processed by Keytrade Bank, Belgian branch of Arkéa Direct Bank SA (France), when processing your request and when managing your debit and credit cards, as well as for the purposes described in the Privacy Policy available at www.keytradebank.be. Please see this Policy for more information about the collection, recording and processing of your personal data, as well as about your right of access, to rectification and to object.

> Signature(s) of the holder(s) of the account(s) to close or of the legal representative(s)

City date

Signature as shown on the identity card