DEPOSITORY BAGS SERVICE CANCELLATION FORM

Customer Information

Company Name : _____

Address : _____

Country : _____

Portfolio /Account Number : _____

Phone Number : _____

Email : _____

Cancellation Request:
By signing this document, the Legal Representative (s) of the company, being the Managing Director(s), Board Member(s), or other, requests Orco Bank N.V. to cancel their "Depository Bags Service".

Reason for Cancellation (mandatory):

_____

_____

Note(s):

- After completing this form, please send it to one of the following emails for processing:
  - Curaçao: cash.services@orcobank.com
  - Sint Maarten: cash.servicesSXM@orcobank.com
- The return of the night depository key(s) is required for this cancellation application to be fully processed.
- This request may require 3 to 5 business days to process and complete.
- An administrative fee will be applied to your account for the discontinuation of the service.

This form was signed on _____(*MM/DD/YYYY*)

Client Signature(s)

_____

Name:

Function title:

For internal use only

Processed By : _____

Date Processed : _____

Reviewed By : _____

Date Reviewed : _____

Key Information

Number of Keys Received : _____

Location(s) of Night Depository : _____

Country : _____