

ACCOUNT CLOSURE FORM

Please complete the below details and return via email to: Comms@gordongotch.co.nz Please allow upto 7 days for the closure to take effect as we pick some titles in advance.

| Account I | Number: | | | |
|--------------|----------------------|-------------------------|----------------------|----------|
| Account | Name: | | | |
| Is this clo | sure due to a Cha | nge of Ownership? | | Yes / No |
| ı | If yes, will the nev | v owner be purchasing y | our existing stock? | Yes / No |
| , | What date do the | new owners take over? | | |
| If this is n | not a change of ov | vnership, when would y | ou like your account | _ |
| Please pr | ovide contact det | ails where we can conta | | |
| Name: | | | | |
| Postal Ad | ldress: | | | |
| Email Add | dress: | | | |
| Phone: | | Mob | Home | |
| Signature | a: | | | |
| Date: | | | | |
| an | | | | |