



First Home Saver Account (FHSA) - 14 Day Cooling off Closure Form



Complete this form if you wish to close a FHSA within 14 days of account opening.

Personal details

1. Mr Mrs Miss Ms Other

2. Full Given name Surname

Other names known by (if any)

3. Residential address (PO Box is not acceptable)

State Postcode

4. First Home Saver account number

Reimbursement of Funds

5. I no longer require a Commonwealth Bank FHSA and I wish to exercise my right of return. Please close the account and re-imburse the balance as per the following.

Credit an Account

BSB Account

Issue a Bank Cheque to me at the above address

Declaration and Signature

6. I have never held another FHSA at any financial institution.
To close a FHSA within the cooling off period the Bank must receive this notification within 14 days of opening the account.

Signature Date

Submit Form

Please send to:
Commonwealth Bank of Australia, ABN 48 123 123 124
Melbourne Operations Centre,
Level 3, 83 Batman Street,
Melbourne VIC 3001
Fax: 03 8327 0285

Bank use only (to be completed by Melbourne Operations Commonwealth Bank staff)

Date of Closure