



Fund Withdrawal Request Form

Date: _____

Name of Client: _____

Account No.: _____

Withdrawal Amount: _____ **Currency:** _____

Payment Instruction

(Please tick in the box where appropriate)

CHEQUE COLLECT PERSONALLY **CHEQUE SENT BY MAIL** **CHEQUE COLLECT BY RR** **FAST**

TELEGRAPHIC TRANSFER (TT) TO MY BANK ACCOUNT *(I will bear all bank charges related to this TT)*

Beneficiary Bank & Branch Name: _____

Beneficiary Bank SWIFT Code: _____

Beneficiary Name *(payee)*: _____

Beneficiary Account No.: _____

For SGD Remittance:

Beneficiary Bank & Branch Code: _____

For Overseas Remittance:

Intermediary Bank Name: _____

Intermediary Bank SWIFT Code: _____



Authorised Signatory & Company Stamp *(if applicable)*

Name: _____

Date *(dd/mm/yyyy)*: _____



Authorised Signatory of Cheque Acknowledgement

Name: _____

Date *(dd/mm/yyyy)*: _____

FOR OFFICIAL USE ONLY

OPERATIONS DEPT:

SIGNATURE OF VERIFYING OFFICER	NAME	DATE

CREDIT CONTROL DEPT:

Client Statement attached: **Y / N** Margin Excess Amount *(TNE-unrealized Profit-IM)*: _____

Remarks if not approved: _____

Reduce SODNLV in SARA from: _____ to: _____ By: _____

SIGNATURE OF APPROVING OFFICER	NAME	DATE

FINANCE DEPT:

Cheque Details (Bank & Cheque No.): _____

UPDATE UBIX BY	NAME	DATE

TT DONE BY	NAME	DATE