

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
 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 <i>(TNE-unrealized Profit-IM)</i> : _____		
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