

DATE	/	/	
User ID			

WITHDRAWAL REQUEST

To withdraw funds or close an a time telegraphic transfer banki processed and released within a	ng fees per	month for wi	thdrawals. All w	•
Name(as appear on PFI agreement)	:			
Account No.	:			
Deposit Amount(the sum of)	:			
				US\$:
Will your account be closed?	:	es	☐ No	
Payment Method	:	neque	☐ Telegraphic Transfer	
Beneficiary Name	:			
M ailing Address	:			
Bank Name	:			
A BA or Swift No.	:			
Account No.	:			
B ank Address	:			
S ignature	:			
Upon completion, please fax to us.				
opon completion, please lax to us.				
FOR	OFFICIA	AL USE	ONLY	
Check by	:			
counts Dept. Settleme	nt Dept.	Gener	al Manager	Client s Agen