



WITHDRAWAL REQUEST FORM

Date: (dd/mm/yy) _____ Withdrawal Amount in USD: \$ _____

Account #: _____

Customer Name: _____

Email: _____

Beneficiary Bank Details:

Beneficiary's Name*: _____

Beneficiary's Account Number: _____

SWIFT Code: _____

Beneficiary's Bank Name: _____

Bank Address: _____

Beneficiary's Correspondent Bank

SWIFT Code: _____

Bank Name: _____

Bank Address: _____

Intermediary Bank (if necessary)

SWIFT Code: _____

Bank Name: _____

Bank Address: _____

- FXCH may not make third party payments

Method of Payment: Wire Transfer (Bank Fee Applied)

Will your account be closed? NO (\$50 minimum balance to maintain an account) YES

The reason of closing the account: _____

Note: if closing an account FXCH will close all open positions if not done so by client

Primary Account Holder Signature: _____

Joint Account Holder Signature: _____

(If necessary)

Please, Fax or E-mail a scanned copy of the completed form to info@forex-swiss.com. Fax: + 41 135 53431

All requests for withdrawal will be processed within 2 business days of receipt of this form
Thank you for using FXCH