



Customer Funds Withdrawal Form

Instructions :

1. Please fill out all the necessary information below and sign the bottom
 2. Submit to brokerage firm via fax or scan document and email below. All funds redemptions will be processed within 2 business days of receipt of this form.
- Note:** Depending upon the account equity, balance, open position may have to be liquidated for the withdrawal form to be processed

Fax: + 41-41-560-8122

Email: support@forextrading.com

WITHDRAWAL AMOUNT USS	Date
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Check here to close you account (Minimum US\$100 balance required to maintain an open account status)	<input type="checkbox"/>	Method of Transfer	<input type="checkbox"/> Wire	<input type="checkbox"/> Check
	<input type="checkbox"/>			

Name of Contact:

Name of Business

Address:

City/Region

State:

Zip Code:

Country

Email Address:

Telephone

Fax:

Beneficiary Bank

Bank Name

ABA # or Swift Code

Bank Account #

Beneficiary Name

(Must be Swiss Clearing Client)

Bank Address

City

State

Country

Intermediary Bank (if applicable)

Bank Name

ABA # or Swift Code

Bank Account #

Beneficiary Name

Bank Address

City

State

Country

Primary Account Holder Signature X _____

Joint Account Holder Signature X _____