

WITHDRAWAL REQUEST FORM

Please, indicate your unique account number on all withdrawal requests, e-mails, letters or when requesting information in any other way.

Client Name: _____ Date: (dd/mm/yyyy): _____

Withdrawal Amount *: _____ (Currency) _____

Account Number: _____ Contract number: _____

Customer mailing address: _____

City: _____ Zip Code: _____ State/Prov.: _____

Country: _____ Phone: _____ E-mail: _____

Bank Wire:

Bank name and ABA or SWIFT Code _____

Bank Account (IBAN) #: _____ Currency: _____

Bank Address: _____

Correspondent Bank Name and SWIFT Code _____

Correspondent Bank Account (IBAN) #: _____

Bank account holder's signature: _____

Credit Card Withdrawal:

Card Holder Name*: _____

Credit Card Number: _____ Card Holder Signature: _____

Credit Card Type: _____ Expiration Date: _____

Comments: _____

* **Note:** By signing this WITHDRAWAL REQUEST FORM I declare that I am aware that only DELTASTOCK account holders are entitled to withdraw money!

* To maintain the account open a minimum of 100 EUR or 100 USD is required. When withdrawing the full balance, the account will automatically be closed.

Date: _____

Signature: _____