



WITHDRAWAL INSTRUCTION FORM

ACCOUNT INFORMATION:

Name of account holder:

Email address (User Name):

Withdrawal Amount: (Platform Currency):

Reason for withdrawal:

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***REIMBURSEMENT OF FUNDS**

** According to company policy. Please refer to the Withdrawal Procedure on the website.*

* Please refund to my credit card ending in the last 4 digits
(Enter last 4 digits)

AND/OR

* Please refund to my nominated Bank Account in my name

Name of Account Holder:	
Bank Name:	
Bank Address:	
Postal Code / City / Country:	
SWIFT Code:	
Account Number:	

I the undersigned hereby accept the figures as presented in my account statement with FXGM to be true and correct up to the date on this withdrawal request.

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Date	First Name	Last Name	Signature
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Please fax completed form duly signed to +357 22766333 or email (JPG, DOC or PDF) at backoffice@fxgm.eu

OFFICE USE ONLY:

Date received:

Signature verified:

Accepted by: