FXGM
Forex Global Market

CANCEL WITHDRAWAL REQUEST

Date: ……..

TO: FX Global Markets (FXGM) Ltd
Attention: Back-Office Department

FROM:

Name of client: …….

Address: ……..

E-mail: ……..

Phone number: ……..

I, ……, (Full Name) **hereby request to cancel the withdrawal request I have placed on the** …… (Date)**, for the amount of US$**..... (Amount) **from my account** …… (User ID) **at FXGM.**

…….. …… …… ……

Date ***First Name*** ***Last Name*** ***Signature***

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: Account No.:

Form 504B (Rev. 07/10)