

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: _____ Customer mailing address: _____

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

Country: _____ Phone: _____ E-mail: _____

Bank Wire:

Bank name and ABA or SWIFT Code _____

Bank Account (IBAN) #: _____

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: _____

MoneyBookers payments:

E-mail address: _____ Account Holder Signature: _____

* **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, USD, GBP, CHF, 300 RON or 15 000 JPY is required. When withdrawing the full balance the account will automatically be closed.

Fax the completed form to DELTASTOCK at + 359 2 811 50 49 or e-mail it at sales@deltastock.com