

WITHDRAWAL REQUEST FORM

Please indicate your unique Account Number on all withdrawal requests, emails, letters, or when requesting information in any other way.

Client Name: _____	Date (dd, mm, yy): _____	
Withdrawal Amount*: _____	Currency: _____	
Account Number: _____	Client Mailing Address: _____	
_____	_____	
City: _____	Post Code: _____	State/Province: _____
Country: _____	Phone: _____	Email: _____

Bank Wire

Bank name and ABA or SWIFT Code: _____	
Bank Account Number (IBAN): _____	Currency: _____
Bank Address: _____	
Correspondent Bank Name and SWIFT Code: _____	
Correspondent Bank Account (IBAN) Number: _____	
Bank Account Holder's Signature: _____	

Credit/Debit Card

Card Holder Name*: _____	
Card Number: _____	Card Holder Signature: _____
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, USD, GBP, CHF, or 300 RON 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 email it to sales@deltastock.com.