

WITHDRAWAL REQUEST FORM & PAYMENT VOUCHER

PV NO :

Part A (To Be Completed By Customer)												
Customer Name											NRIC NO (For Individual Client Only)	
Payment For	<input type="checkbox"/> Withdrawal Of Funds By Client				Customer Code							
					FBR Code							
AMOUNT	<input type="checkbox"/> USD	<input type="checkbox"/> R M										
BANKING INSTRUCTION / DETAILS												
Bank Name :-												
Account Number :-												
Type of Account :- <input type="checkbox"/> Conventional <input type="checkbox"/> Islamic												
<input type="checkbox"/> NOTE : CLIENT'S LETTER OF INSTRUCTION ENCLOSED												
NOTE : NOTICE OF 2 WORKING DAYS IS REQUIRED TO PROCESS YOUR WITHDRAWAL REQUEST.												
Customer Signature (s) :						Date :						

FOR OFFICE USE ONLY

Net Equity Before Withdrawal	RM	
Net Equity After Withdrawal	RM	
Initial Margin	RM	
Excess Fund	RM	

NOTE : LATEST AVAILABLE DAILY ACTIVITY STATEMENT IS ENCLOSED.

Part B (To be Completed By OPS)			
Signature Verification by		Cheque No / Reference No.	
Prepared By		Date	
Name		Verified By	
Date / Ext No		Date	

Part C (To Be Completed By OPS)	
Recommended By	
Name	
Date	

Part D (To Be Completed By Approving Authority)			
Approved By		Approved By	
Name		Name	
Date		Date	

Part E (To Be Completed By OPS For Accounting Entries)		Part F (To be Completed By Recipient)	
Posted By		Received By	
Date		Name	
Verified By		Staff ID / NRIC	
Date		Date	