

## WITHDRAWAL INSTRUCTION

Client Name: ...... Client Account Number: ...... Phone Number: ...... Email Address: .....

Withdrawal Amount (in currency of account denomination): .....

Please note GULF BROKERS Ltd.will only wire funds to the bank accounts on record or to the original funding source. GULF BROKERS will not make third party payments. Where an account was funded via credit card, all funds will be returned to the funding credit card(s). Only profits may be returned via wire.

## Wire Transfer

Beneficiary Name:					
Beneficiary Bank Accou	nt Number:				
Bank SWIFT/BIC:		IBA	IBAN:		
Beneficiary Bank Name	:				
Beneficiary Bank Addre	ss (include cit	y and country):			
Credit Card:	 Visa	MasterCard	AMEX	Discover	
Other (please specify):					
Last four (4) digits of credit card:			Expiration I	Date:	

## **Customer Acknowledgement**

I/We, the undersigned, hereby authorize GULF BROKERS to execute my/our request in accordance with the instructions provided above.

ACCOUNT HOLDER OR AUTHORIZED SIGNER NAME	DATE		

GULF BROKERS Office 2, Suite C2 Orion Mall, Palm Street Avenue Victoria, Mahé Seychelles