



## WITHDRAWAL REQUEST FORM

All information provided on this form must match the information in our records. ORBEX LIMITED will only wire funds to the bank account of record and/or to the original funding source. All credit card withdrawals must be returned to the card(s) used to fund your account

### ORBEX LIMITED account details

Account Number :  Client Name :

### Amount to be withdrawn from your ORBEX LIMITED trading account

Amount in numbers :  words :

### Banking information

Credit Card Number ( if applicable )

Bank name :

Bank Address :  Bank swift code :

Bank IBAN:

Beneficiary :

Bank account number :

### Reminder - ORBEX LIMITED. may not make third party payments.

I/we understand and accept that by signing below, i/we have requested for funds to be withdrawn out of my/our ORBEX LIMITED trading account. And I/we hereby represent that the information provided by me/us is true and correct. I/ we further represent that i/we will notify ORBEX Ltd. of any material changes in writing. ORBEX Ltd. reserves the right, but has no duty, to verify the accuracy of information provided, and to contact various sources as it deems necessary.

Client Signature

Joint Account Holder's Signature

Client Name

Joint Account Holder's name

Date

Date