Withdrawal Request

Personal Details

User Name:	**Account holder name:**
Phone number:	**Email:**

Total Amount to be withdrawn: $ ..... (USD)

Please choose the currency that you wish to receive the funds:

USD ☐ **CAD** ☐ **EURO** ☐ **GBP** ☐ **NIS** ☐ **Other** ☐ **.....**
(please specify)

**The Withdrawal might be processed in the specified currency as selected above. However, the Company reserves the discretionary right to convert/transfer the specified funds in the local currency of the receiving bank.*

Bank Details

**Must be filled in with capital letters*

Beneficiary account name (must be the same as the account's holder name):			
Bank name:	**Country:**	**Branch:**	**Bank Swift code:**
Account number / IBAN:			

AND/OR

☐ Please refund my credit card ending with ..... (*Please enter the last 4 digits of your credit card)*

Please state if you wish to close your account? NO ☐ YES ☐

I, the undersigned, hereby accept the figures as presented in my account statement with ColmexPro Ltd to be true and accurate up to the date of this withdrawal request.

_____ _____ _____

Client`s signature Full name Date

Please send your request by fax or email to the Company's Back Office Department
Email: Backoffice@colmexpro.com
Fax: + (357) 25 030037

**Please note that the Company will execute your withdrawal request to the same venue of your initial deposit. If your deposit was made via a credit card, the deposited amount will be credited to your credit card. The remaining amount (i.e. profits/earnings) will be credited to your nominated bank account. If the deposit was made via bank transfer, then the withdraw funds will be sent via bank transfer.*

For internal use of the Company

Accepted by:	Received date:	Signature:

1 Chysanthou Mylona st.Megaro Panagides. Office 3, 4th floor, 3030 - Limassol, Cyprus
Tel: +(357) 25 030036 | Fax: + (357) 25 030037 | E: info@colmexpro.com | W: www.colmexpro.com

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