



performance
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DATE	/ /
User ID	

WITHDRAWAL REQUEST

To withdraw funds or close an account, please fill and sign this form. PFI will only absorb one time telegraphic transfer banking fees per month for withdrawals. All withdrawals will be processed and released within 7 banking upon receipt of your request.

Name(as appear on PFI agreement) : _____

Account No. : _____

Deposit Amount(the sum of) : _____
US\$: _____

Will your account be closed? : Yes No

Payment Method : Cheque Telegraphic Transfer

Beneficiary Name : _____

Mailing Address : _____

Bank Name : _____

ABA or Swift No. : _____

Account No. : _____

Bank Address : _____

Signature : _____

Upon completion, please fax to us.

FOR OFFICIAL USE ONLY

Check by : _____

Accounts Dept.	Settlement Dept.	General Manager	Client s Agent