

WITHDRAWAL REQUEST FORM

To withdraw funds or close an account, please submit a signed and completed form via fax or email to the fax number or email address provided below. Your request will be processed within 2 business days of receipt. Please complete carefully to avoid errors or delays in processing. CCI Ltd. will not be responsible for errors made by the account holder. *Requests to transfer funds to third party will not be processed.

Customer Information

Date: (dd/mm/yy) Withdrawal Amount in USD:

Account No. : Identification No:

Purpose of Remittance:

Account Holder Name:

Account Holder Mailing Address:

City: Postal/Zip Code: Country:

Telephone: Email:

Beneficiary Bank

Bank Name: Bank Account #:

ABA# or Swift Code: Beneficiary Name:

Bank Address: City:

State: Country:

Intermediary Bank ** (International Wires MUST HAVE a U.S. correspondent bank for transfers to be processed)

Bank Name: Bank Account #:

ABA# or Swift Code: Beneficiary Name:

Bank Address: City:

State: Country:

Method of Withdrawal Requested

Credit/Debit Card Wire Transfer (Bank fee will apply from remittance bank and intermediary bank)

Do you wish to close your account?

YES NO (US\$100 minimum balance to maintain open account status)

Primary Account Holder Signature

Date

Joint Account Holder Signature

Date

FOR OFFICE USE ONLY

Client Signature Verified By

Name

Date

Form