

Fund Withdrawal Request

CLIENTS INFORMATION				
Customer name				
User Name		Account Number		
Withdrawal Amount		Amount in words		
	BENEFICIARY	INFORMATION		
Beneficiary Name				
Address, City, State, Postcode				
Bank Name				
Bank Address				
BSB or Swift Code				
Account Number #				
Telephone				
Are you closing your account	Yes 🗌	No 🗌		
If yes, reason for account closure				
Customer Signature:		_ Date:		
Joint Signature (if required):		_ Date:		