FP Swiss Withdrawal Form

Personal Details			
Account holder number		Account holder name:	
Phone number:		Email:	
Full address:			
Total Amount to be with	ndrawn: €(Eu	ro)	
Amount in writing: €			
Must be filled in with capital lette	ers ne (must be the same as the	account's holder n	ame):
Must be filled in with capital lette		account's holder n Branch:	ame): Bank Swift code:
Must be filled in with capital letter Beneficiary account nan Bank name:	ne (must be the same as the		
Bank name: Bank Address:	Country:		
Bank name:	Country:		
Beneficiary account nan Bank name: Bank Address: Account number / IBAN	Country: ird ending withe your account? ept the figures as presented in	(Please enter the last	Bank Swift code: 4 digits of your credit card)

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Please send your request by email to the Company's Back Office Department

*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:	Signature:	Received date: