



www.fxclearing.ca

412-840 Springland Dr.
Ottawa, ON K1V6L6
T: +1.613.435.7429
F: +1.208.988.6799

Received On: _____

Approved On: _____

Approved By: _____

Approval Signature: _____

WITHDRAWAL REQUEST FORM

1. Account Information (the names on the trading and destination accounts must match)

Account ID#: _____ Type: Individual/Joint Corporate Introducing Broker

Name: _____ Amount to Withdraw: _____

2. Electronic Withdrawals and Account-to-Account Transfers (skip if using wire transfer)

PayPal acc#: _____ Moneybookers acc#: _____

Liberty Reserve acc#: _____

Account-to-Account Transfer (both accounts must be under same name): _____

3. Bank Wire Transfer (Beneficiary Name must match the name on the trading account)

Bank Name: _____ Bank Address: _____

SWIFT Code: _____ Bank acc#: _____

Beneficiary Name: _____

Beneficiary Address: _____ Country: _____

City, State/Province, Postal Code: _____

4. Signature

I hereby represent that the information provided by me above is true and correct.

Principal/Designated Person Signature

Principal/Designated Person Signature

Print Name

Print Name

Date: _____

Scan the completed form and email to withdrawal@fxclearing.ca or fax it to: +1.208.988.6799