



FUNDS REQUEST FORM - GFT GLOBAL MARKETS ASIA PTE. LTD.

PLEASE NOTE: If requesting your full account balance, GFT will allow your account to remain inactive for a period of 12 months. If your account balance is zero for 12 months your account will be closed. Once an account is closed, additional paperwork will be required and a new account number will be issued.

To withdraw funds or close an account, please complete and sign this Funds Request form and fax it back to us at +65 6227 5991. Your request will be processed within three business days of receiving this form by fax unless the account is to be closed. If the account is to be closed, all positions must be settled and converted, which may take longer.

GFT Global Markets Asia Pte. Ltd. is not responsible for errors made by the account holder. GFT Global Markets Asia Pte. Ltd. will not make payment via third party. GFT Global Markets Asia Pte. Ltd. will only make payment in the name of the GFT account holder.

Date: _____ GFT Customer Account Name: _____

GFT Account Number: _____ Telephone number: _____

Address: _____

City, State, Country, Postal Code: _____

Withdrawal Amount: _____ SGD USD EUR JPY GBP **OR** Full Account

Balance – **IMPORTANT:** For full account balance withdrawal, kindly indicate why **and** whether you want to keep the account open or close the account: _____

Method of Withdrawal Requested (please select one only):

____ Wire Transfer (SGD USD EUR JPY GBP - subject to bank charges)

____ Cheque by regular mail (SGD USD – no fee)

Cheque to be made payable to: _____

To view fee schedule for other base currencies, please visit our website at <http://www.gftasia.com>

BANK INFORMATION: (for wire transfers only)

Bank Name: _____

BranchAddress: _____

Bank City, State, Country, Postal Code: _____

BSB#, ABA #, or Swift Code: _____

Name on the account: _____ Account Number: _____

For Further Credit (if applicable): _____ Account Number: _____

INTERMEDIARY BANK INFORMATION: (for wire transfers only - if applicable):

Bank Name: _____

Bank Address: _____

Bank City, State, Country, Postal Code: _____

BSB#, ABA # or Swift Code: _____

Name on the account: _____ Account Number: _____

X _____ **Date** _____
Primary Account Holder Signature

X _____ **Date** _____
Joint Account Holder Signature

Office Use Only					
EM1	EM2	QB	XL	RP	FM
Day/Open P/L		Fee			
Equity		Withdrawal			
Cash		End Balance			