

# FUNDS WITHDRAWAL REQUEST

Client/s' Name: \_\_\_\_\_ Date Requested: \_\_\_\_\_  
Address : \_\_\_\_\_  
\_\_\_\_\_

This is to request for the withdrawal of funds from my/our online account with  
A & A SECURITIES, INC. via check payment in the amount of:

(Php \_\_\_\_\_) \_\_\_\_\_  
Amount in Figures Amount in Words

I opt to receive the above mentioned check payment via (*please check one*):

Deposit to my account as follows:

Bank/Branch: \_\_\_\_\_  
Account Name: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Swift or Route Number: \_\_\_\_\_

Personal Pick up from A&A's office

Pick up by my/our representative from A&A's office

### **AUTHORIZATION:**

I/We hereby authorize \_\_\_\_\_ to receive the  
proceeds of this withdrawal in my/our behalf.

Representative's Printed Name: \_\_\_\_\_  
Representative's Specimen Signature: \_\_\_\_\_  
Client's Signature: \_\_\_\_\_

*Note: Valid primary ID of both Client and Representative is required when securing  
withdrawal. Check withdrawals will only be payable to the **CLIENT/S' NAME/S** as in  
his/their online trading account.*

\_\_\_\_\_  
Signature over Printed Name

### **INSTRUCTIONS:**

1. Fill up this FUNDS WITHDRAWAL REQUEST Form .
2. The funds shall be available for pick-up at the office of A & A SECURITIES, INC. a day after we receive and verify your request; provided, however, that such request is received before 11:00AM cut-off.
3. Check for the settlement of sales proceeds will be T + 3 (Trading day + 3 trading days).
4. Only completed forms will be processed.
5. Kindly submit the form to A & A SECURITIES, INC.'s office upon completion or you may fax your request form to (02) 891-1015 or email to: [jengaasec@yahoo.com](mailto:jengaasec@yahoo.com).
6. For further inquiries, you may contact A & A SECURITIES, INC. at (632) 891-1008 to 10.

Received by:

Date & Time Received:

Noted by: