

WITHDRAWAL REQUEST FORM
CLIENT DETAILS

Client name:	
Trading account number:	
Bank account number:	

WITHDRAWAL DETAILS

Withdrawal amount: Note: Please include currency.	
Are you closing your account?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SIGN OFF

Comments:	
Signature:	Date:

OFFICE USE ONLY
CUSTOMER SERVICE REPRESENTATIVE

Comments:	
Signature:	Date:

COMPLIANCE MANAGER

Note: Compliance Manager signs off only if required.

Comments:	
Signature:	Date:

DEALING MANAGER

Comments:	
Signature:	Date:

Please email this form to cs@blgm.co.nz or post it to:

BL Global Markets Limited
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