

WITHDRAWAL INSTRUCTION

Client Name: Client Account Number:	
Phone Number: Email Address:	
Withdrawal Amount (in currency of account denomination):	
Please note GULF BROKERS DMCC will only wire funds to the bank accounts on record or to the original funding sor GULF BROKERS will not make third party payments. Where an account was funded via credit card, all funds will be returned to the funding credit card(s). Only profits may be returned via wire.	
Wire Transfer	
Beneficiary Name:	
Beneficiary Bank Account Number:	Bank
SWIFT/BIC: IBAN:	
Beneficiary Bank Name:	
Beneficiary Bank Address (include city and country):	
Credit Card: Visa MasterCard	
Other (please specify):	
Last four (4) digits of credit card: Expiration Date:	
Customer Acknowledgement	
I/We, the undersigned, hereby authorize GULF BROKERS to execute my/our request in accordance with instructions provided above.	the
ACCOUNT HOLDER OR AUTHORIZED SIGNER DATE NAME	
IVANIE	1
	_
CHI E DDOVEDS DMCC Unit No. 2000 HDS Tower Diet No. II T DHI E2A Jumpirah Laker Transcription	3
GULF BROKERS DMCC, Unit No: 3209, HDS Tower, Plot No: JLT-PH1-F2A, Jumeirah Lakes Towers, Dubai, UAI	٤
↓ +971 42 42 4120 info@gulfbrokers.ae	

 $Company\ is\ registered\ \&\ licensed\ as\ a\ FREEZEONE\ Company\ under\ the\ Rules\ \&\ Regulations\ of\ DMCCA\ under\ registration\ No.\ 30636$