



WITHDRAWAL OF FUNDS FORM

To withdraw funds* or close an account, please complete the sections that apply to you and sign the Withdrawal Form. The request will be processed within two business days of receipt of this form. For fastest processing, please scan and email to backoffice@sgtmarkets.com

1. PERSONAL INFORMATION

(Please complete this information in full)

SGT Account Number: _____

Surname/Company Name: _____

First Name: _____

Address: _____

Tel. No: _____ Email: _____

Account base currency: USD EUR GBP
(Please tick one only)

Withdrawal method: CREDIT CARD NETELLER PAYPAL SKRILL
(Please tick one only)
BANK WIRE OTHER

Amount in numbers: _____
(all transfers are made according to the base account currency)

Amount in words: _____

Will your account be closed ? YES NO

*Bank wire transfer or Merchant fees may apply

Craigmuir Chambers, P.O. Box 71, Road Town, Tortola, British Virgin Islands

Tel: +1 441 295 6463 www.sgtmarkets.com

2. ACCOUNT INFORMATION

(Please complete one method only)

A. BANK ACCOUNT INFORMATION

(Please complete relevant fields. All are compulsory except: IBAN is compulsory for Europe based accounts and Correspondent Bank details should be completed where relevant)

Name on Bank Account: _____

Beneficiary Bank: _____

Bank Address: _____

City: _____

Country: _____

Account Number: _____

IBAN (for banks in Europe only): _____

SWIFT: _____

Correspondent Bank (if relevant): _____

Correspondent SWIFT (if relevant): _____

Correspondent Account (if relevant): _____

B. SKRILL/NETELLER/PAYPAL ACCOUNT INFORMATION

Name on Account: _____

Account ID/Email: _____

C. CREDIT/DEBIT CARD ACCOUNT INFORMATION

(Credit/Debit Card withdrawals are processed back to the card that was used to make the original deposit. No card details other than name on card are necessary)

Name on Credit/Debit Card: _____

Client Signature:

Date: