



MARGIN IN REQUEST FORM

Date: _____

Client Name _____

Account Number _____

IB/Group _____

Kindly credit account # _____

Amount in US \$ _____

(In Words) US \$ _____

Source of Funds _____

Payment Details

By Check

By Wire

Ag. Commissions

Customer Signature _____

Date _____

For Office Use Only:

***Please be advised that funds withdrawn will only be remitted to the account holder's name as mentioned in Capital Market Solutions own bank account. WE DO NOT PROCESS THIRD PARTY TRANSFERS**