



PARTIAL FUNDS WITHDRAWAL REQUEST

To: Capital Market Solutions

Attn: Accounts Department

Date

From _____

A/C # _____

Dear Sir/Madam,

Please debit my/our account # _____, the sum of _____ US \$ remitting the above stated amount to my/our bank account details below:

Bank Name _____

Branch Name _____

Bank Address _____

Swift Code _____

Correspondent Bank/City _____

Beneficiary Name _____

Account Number _____

Customer Name _____

Customer Signature _____

Date _____

I hereby certify that I have witnessed the signing of this request by the above-mentioned customer and further declare that it is the correct signature of the customer. I confirm the bank details to be complete and accurate.

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***Please be advised that funds withdrawn will only be remitted to the account holder's name as mentioned in Capital Market Solutions own bank account.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**