

WITHDRAWAL REQUEST FORM

To withdraw funds or close an account, please complete, date and sign the Funds Request Form then email it to the back office at backoffice@alfafinancials.co.za:

***PLEASE NOTE:** Withdrawal requests are executed within two business days upon receipt. Customer and bank account information MUST match the information provided on your original account application. The firm does not make or receive payments to third parties. Alfa Financials PTY Ltd. accepts no liability caused by inaccurate or incomplete information submitted by the client.

CUSTOMER INFORMATION:

Date:	Alfa Financials Account Number:
First and Last Name:	Telephone No.:
Address:	

WITHDRAWAL INFORMATION:

Will this Account be closed (Yes/No):

Withdrawal Amount:	Specify Amount in Words:	Currency:
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BENEFICIARY BANK INFORMATION:

Bank Name:	Bank Address, City, State, Zip, Country:	
Beneficiary Bank Routing Transfer Number:	Swift # (foreign wires only):	Country (foreign wires only):

BENEFICIARY / RECIPIENT INFORMATION:

Beneficiary / Recipient Bank Account Number:	Beneficiary / Recipient Name:	Beneficiary Address, City, State, Zip, Country:
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INTERMEDIARY BANK INFORMATION: (THIS SECTION IS OPTIONAL AND NOT REQUIRED FOR ALL WIRES):

Correspondent Bank ABA:	Bank Name (REQUIRED):	Intermediary Bank Account Number:
Bank Address, City, State, Zip, Country (REQUIRED):		

SPECIAL INSTRUCTIONS:

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I agree to hold all parties acting on this request, including Alfa Financials Pty Ltd., and their respective agents and employees (hereinafter, collectively, "the parties") harmless from any and all claims, demands, proceedings, suits, and actions, and all liabilities, losses, and expenses including without limitation those asserted by me, associated with actions taken by the parties due to instructions received from me in this request.

Customer Signature

Print Name

Date

Joint Customer Signature

Print Name

Date