

CAPSTOCK WITHDRAWAL REQUEST FORM**INSTRUCTIONS TO FILL IN THE APPLICATION FORM**

To request a withdrawal of funds, please complete this form and send a scan copy to the following e-mail address: sales@capstock.mu

WITHDRAWAL OF FUNDS REQUEST:

Trading Account Number: _____

Name of Account Holder : _____

I hereby authorize Capstock Ltd to transfer the funds, as confirmed below, in my name to:

Beneficiary's Bank Name: _____

BIC Code: _____

Amount in Numbers: _____

Amount in Letters: _____

Currency: _____

IBAN: _____

SWIFT Code: _____

Final Beneficiary* : _____

Please note that the final beneficiary should be the trading account holder.

Date :

Signature: