



**CITY CREDIT INVESTMENT BANK LIMITED**

Level 11(E), Main Office Tower, Financial Park Labuan Complex, Jalan  
Merdeka, 87000 Labuan F.T., Malaysia.  
Tel. No. (6087) 582268 Fax: (6087) 419488 E-mail: cs-cfd@ccibl.net

## WITHDRAWAL REQUEST / PAYING INSTRUCTION

To withdraw funds or close an account, complete and sign this form. Please ensure that all information provided below is typed or written clearly to avoid errors or delays in processing. CCIB is not liable or responsible for errors made by the customer.

Date \_\_\_\_\_  
Account Name \_\_\_\_\_  
Account No. \_\_\_\_\_  
Customer's Mailing Address \_\_\_\_\_  
Telephone No. \_\_\_\_\_  
Email Address \_\_\_\_\_

Withdrawal Amount in words  
*(CCIB reserves the right to remit back all remaining margin to client if one's account balance drops below US\$50 due to the latest withdrawal request)*

US\$

Bank Name \_\_\_\_\_  
Branch Name \_\_\_\_\_  
Bank Address \_\_\_\_\_  
ABA # or SWIFT Code \_\_\_\_\_  
Bank Account No. \_\_\_\_\_  
\* Beneficiary Name \_\_\_\_\_

For wires sent through an Intermediary Bank, please complete the following:-

Intermediary Bank \_\_\_\_\_  
ABA # or SWIFT Code \_\_\_\_\_  
Account No. \_\_\_\_\_  
Bank Address \_\_\_\_\_

**\*CCIB trading account holder only. CCIB may not make or receive payment via third party.**

Will your account be closed? Yes  No

Customer Signature **X** \_\_\_\_\_

**REMARKS** :The Customer's signature shall correspond with his/her as it appears on the Customer's Record. If it does not the company reserves the right to refuse to make payment.

Please send this form to CCIB via fax or email. Thank you.