

# ARZIK FINANCIAL

## Withdrawal Form

### Personal Details

Account holder number:	Account holder name:
Phone number:	Email:
Full address:	

Total Amount to be withdrawn: € ..... (Euro)
Amount in writing: € .....

*\*The Withdrawal might be processed in the specified currency as selected above. However, the Company reserves the discretionary right to convert/transfer the specified funds in the local currency of the receiving bank.*

### Bank Details

*\*Must be filled in with capital letters*

Beneficiary account name (must be the same as the account's holder name):			
Bank name:	Country:	Branch:	Bank Swift code:
Bank Address:			
Account number / IBAN:			

### AND/OR

Please refund my credit card ending with ..... (Please enter the last 4 digits of your credit card)

Please state if you wish to close your account?      NO       YES

I, the undersigned, hereby accept the figures as presented in my account statement with Arzik Financial to be true and accurate up to the date of this withdrawal request.

Client`s signature

Full Name

Date

Please send your request by email to the Company's Back Office Department

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*\*Please note that the Company will execute your withdrawal request to the same venue of your initial deposit. If your deposit was made via a credit card, the deposited amount will be credited to your credit card. The remaining amount (i.e. profits/earnings) will be credited to your nominated bank account. If the deposit was made via bank transfer, then the withdraw funds will be sent via bank transfer.*

**For internal use of the Company**

Accepted by:	Signature:	Received date:
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