

Withdrawal of funds / Account closing request

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|--|--|
| First name | |
| Last name / Corporate name | |
| Address / Registered address | |
| Account number with DUKASCOPY (SUISSE) SA | |
| UIN : | |
| Client ID: | |

The above mentioned client hereby instructs Dukascopy (Suisse) SA to (please check the correct box below):

Withdrawal of funds request

Account closing and withdrawal of funds request

Amount: _____
(in figures and letters, the currency must be the same as your account base currency)

The transfer will automatically be executed in the denomination of the base account currency initially stipulated.

Please transfer the above stated amount to:

Account holder's bank name: _____

Bank address (including country): _____

Beneficiary (must be the same as Account Holder or Beneficial Owner for legal entities): _____

Full account number or IBAN: _____

SWIFT and/or ABA: _____

The customer has taken note of all the trading activities carried out on his account with DUKASCOPY (SUISSE) SA and, by signing here below, the customer ratifies them in complete knowledge and understanding thereof. The customer fully discharges DUKASCOPY (SUISSE) SA of all liabilities related to the undertaken trades that have been performed to the customer's entire satisfaction and authorizes it to close out any open positions relative to his account with DUKASCOPY (SUISSE) SA (If needed).

Place and date: _____

Signature of account holder: _____