


Client Fund Withdrawal Request Form**Client Full Name:** _____**Account Number / Client ID:** _____**Date of Request:** ____ / ____ / ____**Email Address:** _____**Telephone:** _____**1. Withdrawal Details****Requested Amount (EUR):** € _____**Currency (if other):** _____**Withdrawal Type:**

- ☐ Partial Withdrawal
☐ Full Account Balance Closure

2. Beneficiary Bank Account Details**Bank Name:** _____**Bank Address:** _____**IBAN / Account Number:** _____**SWIFT/BIC Code:** _____**Account Holder Name:** _____

 **Important:** The beneficiary account must be in the client's own name.
Third-party transfers are strictly prohibited under anti-money laundering (AML) regulations.

3. Reason for Withdrawal (Optional for Internal Use)

- ☐ Personal Use / Expense
☐ Reallocation of Portfolio
☐ Change of Investment Strategy
☐ Other (please specify): _____

4. Client Declaration and Signature

I hereby request the withdrawal of the above-stated funds from my investment account. I confirm that the beneficiary account details provided above are accurate and belong to me. I understand that fund withdrawals are subject to the applicable terms and conditions, due diligence procedures, and internal approval processes in line with MiFID II and CySEC regulations.

I acknowledge that withdrawal requests may take up to 5 business days to process, depending on the verification of documents and compliance checks.

Client Signature: _____**Date:** ____ / ____ / ____

5. Internal Use (CIF / Tied Agent)**Received By (Tied Agent):** _____ **Date:** _____**Verified By (CIF Operations):** _____ **Date:** _____**Compliance Review:** ☐ Yes ☐ No**Status:** ☐ Approved ☐ Rejected**Date of Execution:** ____ / ____ / ____**Processed By:** _____