

REQUEST FOR FUNDS WITHDRAWAL

Customer's Name: _____ Date Requested: _____
Address : _____

This is to request for the withdrawal of funds from my/our online account with Optimum Securities Corporation with the amount of (Php _____) _____ .
(Amounts in figure) *(Amounts in word)*

AUTHORIZATION:

I/We hereby authorize _____ to receive the proceeds of this withdrawal in my/our behalf .

Representative's Printed Name _____
Representative's Specimen Signature _____
Customer's Signature _____

* Valid ID from the both Customer and representative is required when securing payment.
*Check withdrawals will only be payable to the Customer's name.

Customer's Signature over Printed Name

INSTRUCTIONS:

- 1. Fill up the Request for Funds Withdrawal.
- 2. The funds shall be available for pick-up at the offices of OSC a day after we received and verified your request; provided, however, that such request is received before the 11:00 AM cut-off.
- 3. Only completed form will be processed.
- 4. Kindly submit the form at Optimum Securities Corporation upon completion or you may fax your request form at (02) 633-2629.
- 5. For any inquiries, you may contact OSC at (02) 633-2629 / 631-3989/631-7831 loc. 202

Received by:	Date & Time Received:	Noted by:
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