

## Withdrawal Request Form

I/We hereby request for the withdrawal of the amount specified hereunder from my/ our account with APS Online:	FOR BANK DEPOSIT INSTRUCTION (Click boxes to Fill)	
(Click boxes to fill)	Account Name:	
Amount in figure:	Account Number:	
Amount in words:	Bank:	
	If bank is within Philippines, no need to j Code, Bank Branch Address, and Home i	
	Swift Code:	

E-mail form to: <u>online@apsecurities.com.ph</u> Subject: Request for Withdrawal of Funds Note: Attach 1 valid Id for verification

(Click boxes to	Fill)				
Account Name	: [				
Account Numb	er:				
Bank:					
	Philippines, no need to fill in Swift nch Address, and Home Address.				
Swift Code:					
Bank Branch:					
Bank Branch Address:					
Home Address:					

SIGNATURE OVER PRINTED NAME

## OTHER WITHDRAWAL OPTIONS

## FOR AUTHORIZATION: WITHDRAWAL THROUGH REPRESENTATIVE I/We hereby authorize my/our representative whose printed name and specimen signature appear below, to receive the proceeds of this withdrawal in my/our behalf. Representative's Printed Name Representative's Specimen Signature Client's Signature Note: Valid identification from both the customer and his

representative is required when securing payment.

-1			
-1			
-1			
-1			
-1			

**20<sup>th</sup> Floor, The Peak Tower,** 107 L.P.Leviste St., Salcedo Village Makati City, Philippines 1227

FOR DELIVERY OF CHECK

(Click boxes to fill)

Address:

For Oueries:

TEL: 8848-2915 FAX NO: 8848-2572

CP NO: 09954980564

