

Transfer Request / Account Closing Request

Please always instruct your transfers via your online customer reports.
Using this withdrawal form doubles applicable transfer fees.

CLIENT DETAILS

Full Name / Corporate name:

(The name must be the same as the account holder with Dukascopy Bank SA)

Withdrawal of funds without Account Closing:

Dukascopy Bank SA is hereby instructed to **transfer the following amount** as per the details below *(Please put the amount in figures and letters, together with the currency code):*

The transfer shall be made from the following account (Please mention the account and sub-account number):

Closing of Account(s):

Dukascopy Bank SA is hereby instructed to **close all accounts** open under the name of the abovementioned client and transfer all available funds as per the details below.

Dukascopy Bank SA is hereby instructed to **close the following account** open under the name of the abovementioned client and transfer all available funds as per the details below *(please mention the account number or IBAN):*

Transfer Details:

RECEIVING BANK

Account Holder's Full Name / Corporate Name:

(The name must be the same as the account holder with Dukascopy Bank SA in case of trading account)

Account number or IBAN:

(IBAN is mandatory for payments to Europe)

Name of the bank:

Address of the bank:

BIC/SWIFT:

INTERMEDIARY BANK

(if applicable)

Name and BIC/SWIFT:

The undersigned client(s) has/have taken due note of all activities carried out on the abovementioned account with Dukascopy Bank SA and hereby ratifies/ratify them in complete knowledge and understanding thereof, fully discharging Dukascopy Bank SA of all liabilities related thereto. If and to the extent needed to execute the transfer requested herein, the undersigned client(s) further authorize(s) Dukascopy Bank SA to close out any open positions relative to the aforesaid account with Dukascopy Bank SA.

Date:

Signature(s):