

Withdrawal of funds / Account closing request

First name	
Last name / Corporate name	
Address / Registered address	
Account ID	

The above mentioned client hereby instructs Dukascopy Europe IBS AS to (please check the correct box below):

- Withdrawal of funds request
- Account closing and withdrawal of funds request
- Do you want to close all your accounts? No
 Yes

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

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

Please transfer the above stated amount to:

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

City: _____

Country: _____

Full account number or IBAN: _____

Bank name: _____

Bank address (including country): _____

SWIFT and/or ABA: _____

The client has taken note of all the trading activities carried out on his account with Dukascopy Europe IBS AS and, by signing here below, the client ratifies them in complete knowledge and understanding thereof. The client fully releases Europe IBS AS from all liabilities related to the undertaken trades that have been performed to the client's entire satisfaction and authorizes Dukascopy Europe IBS AS to close out any open positions relative to his account with Dukascopy Europe IBS AS (if needed).

Place and date: _____

Signature of the Holder/Client: _____