

FUNDS WITHDRAWAL FORM

CLIENT INFORMATION

Mr. Mrs. Company

Last Name/Company Name:

First name:

Account Number:

FUNDS WITHDRAWAL REQUEST

Please debit my/our account, the sum of:

Currency:	Amount:
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and remit the above amount as per details below

Intermediary Bank (name and location):

Intermediary Bank ABA/SWIFT:

Beneficiary's Bank Name:

Beneficiary's Bank Address: (including city and country)

Beneficiary's Bank (ABA/SWIFT):

Beneficiary's Full Name*:

Account No.:

* Please note that Latam Global Markets Inc. does not accept "third party" transfers. The beneficiary name must match the account holder's name.

INSTRUCTIONS

To request a withdrawal of funds, kindly fill out this form and send it via email to operaciones@latam-fx.com

Place	Client(s) Signature(s)
Date	