Withdrawal of funds / Account closing request

First name / Corporate name	
Last name / Registration number	
Address / Registered address	
Account number	

The above-mentioned Client hereby instructs Dukascopy Europe IBS AS to perform one of the following actions. Please select one option:

☐Withdrawal of funds only

☐Account closure and withdrawal of the remaining funds

If account closure is selected, please specify:

☐Close the account specified above only

☐Close all accounts held with Dukascopy Europe IBS AS

Amount and currency:

(in figures and letters. The withdrawal will normally be processed in the account base currency. Currency conversion and applicable fees may apply where relevant)

Please transfer the above stated amount to:

Beneficiary:

(the beneficiary and the holder of the receiving bank account must be the same person or legal entity as the Dukascopy Europe IBS AS account holder. Payments to third parties are not permitted)

City:

Country:

Full account number or IBAN:

Bank name:

Bank address (including country):

SWIFT and/or ABA:

The Client confirms that they have reviewed the transactions and open positions in their account. Where an account closure is requested, the Client authorises Dukascopy Europe IBS AS to close any remaining open positions and to deduct any applicable fees, charges or outstanding amounts in accordance with the contractual documents. Any remaining balance shall be transferred to the bank account specified in this request, subject to the completion of the applicable verification and compliance checks.

Place and date:

Signature of the Account Holder / Authorised Representative: