



Tel: 1300 733 452
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Fund Withdrawal Request

CLIENTS INFORMATION

Customer name	<input type="text"/>		
User Name	<input type="text"/>	Account Number	<input type="text"/>
Withdrawal Amount	<input type="text"/>	Amount in words	<input type="text"/>

BENEFICIARY INFORMATION

Beneficiary Name	<input type="text"/>
Address, City, State, Postcode	<input type="text"/>
Bank Name	<input type="text"/>
Bank Address	<input type="text"/>
BSB or Swift Code	<input type="text"/>
Account Number #	<input type="text"/>
Telephone	<input type="text"/>

Are you closing your account Yes No

If yes, reason for account closure

Customer Signature: _____ Date:

Joint Signature (if required): _____ Date: