



WITHDRAWAL REQUEST FORM

1. ACCOUNT DETAILS	
Client Name*:	
Account Number*:	
Withdrawal Amount*:	Currency*:
2. PAYMENT METHOD	
<input type="checkbox"/> Bank Wire	Bank name*:
	Beneficiary name*:
	Sort Code/SWIFT*:
	Bank Account/IBAN*:
	Bank Address*:
	Correspondent Bank name and SWIFT:
	Correspondent Bank Account/IBAN:
Notes: • Withdrawal requests are processed within 3-4 days; • Charges may apply.	
<input type="checkbox"/> Credit/Debit Card	The last four Digits of your Credit/Debit Card Number*:
	Notes: • Withdrawal requests are processed within 5 days; • You can withdraw funds through the above mentioned Card ONLY IF you have deposited through that Card; • In case you have deposited funds via credit/debit card and via another payment method, the withdrawal of funds via credit/debit card will be prioritized; • Charges may apply.

*required fields

SIGNATURE: _____

DATE (dd/mm/yyyy): _____

Please complete, sign and email a scanned copy to: office@dfmarkets.co.uk

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It is authorised and regulated by the Financial Conduct Authority (FCA)

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