



To withdraw funds or close an account, please submit a signed and completed form via fax or email to the fax number or email address provided below. Your request will be processed within 2 business days of receipt.
Please complete carefully to avoid errors or delays in processing. PFD will not be responsible for errors made by the account holder.
*Requests to transfer funds to third party will not be processed.

Customer Information

Date: (dd/mm/yy) Amount :

Account No. : Currency:

Purpose of Remittance:

Account Holder Name:

Account Holder Mailing Address:

City: Postal/Zip Code: Country:

Telephone: Email:

Beneficiary Bank

BankName: Bank Account #:

IBAN#orSwiftCode: Beneficiary Name:

BankAddress: City:

State: Country:

Method of Withdrawal Requested

Credit/Debit Card Wire Transfer (Bank fee will apply from remittance bank and intermediary bank)

Do you wish to close your account?

YES NO

Primary Account Holder Signature

Date

Joint Account Holder Signature

Date

FOR OFFICE USE ONLY

Client Signature Verified By

Name

Date

Form