



WITHDRAWAL REQUEST FORM

Date:

To: A+T Advised Trading SA
Attn: Account Department

From:A/C Number:

To whom it may concern to,

Please debit my/our Account number:,
the sum of.....(please verify your currency) and remit
the above amount to my/our bank account hereunder the details given:

BENEFICIARY NAME:

ACCOUNT NUMBER:

BANK NAME:

BANK ADDRESS:
.....

IBAN or SWIFT CODE:

CORRESPONDANT BANK:

PLEASE BE AWARE THAT A+T ADVISED TRADING SA DOES NOT ACCEPT AND
PROCESS THIRD PARTY TRANSFERS. THE ACCOUNT HOLDER AND THE BENEFICIARY
NAME MUST BE SAME.

.....

Place and Date

.....

Name and Surname

.....

Signature

A+T ADVISED TRADING SA

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