



Member: Philippine Stock Exchange
3310 Robinson's Equitable Tower
ADB Avenue, Ortigas Pasig City
Tel Nos: (02) 633 0344/(02) 633 0053

WITHDRAWAL REQUEST FORM

DATE _____

TIMSON SECURITIES, INC.
Suite 3310 Robinsons Equitable Tower
ADB Avenue corner Poveda St. Ortigas Center Pasig City
Tel.: +632 633 0344 | Fax 949 7378 | Email: cs@timson.com.ph

Name: _____

Account Code: _____

Amount to be Withdrawn : Php _____

Amount in words: _____

DEPOSIT INSTRUCTION:

I/We hereby request for the withdrawal of the amount stated above from my/our Timson Trade account. I understand the importance of the details provided above, as this may be used to process withdrawal requests made by me.

METHOD OF WITHDRAWAL:

the check representing the withdrawal of cleared funds shall be available for pick-up at Timson Trade's office once my/our request was verified

the said amount shall be deposited to my bank account once my/our request was verified

Customer's Signature over Printed Name

Terms and conditions

Please check your account details carefully. It is your responsibility to ensure all payee account details are correct. Incorrect details may result in a loss of funds and we do not guarantee their recovery. We do not accept liability for funds unable to be recovered. Please confirm the correct account details with the payee. Bank deposits normally reach clients' accounts the following working day. Clearance time on check deposits is three business days.

AUTHORIZATION: CHECK PICK-UP THROUGH REPRESENTATIVE

I hereby authorize my representative whose printed name and specimen signature appear below, to receive the proceeds of this withdrawal in my behalf.

Representative's Printed Name

Representative's Specimen Signature

Customer's Signature