

K u m p u l a n



STD

Date Received :

Time Received :

Maybankinvest

✕ Customer Name : _____ Branch : _____
✕ Trading Account No. : _____ Name of ISE : _____
Margin Account No : _____

Date of collection/transfer (at least 1 business day from this request date): _____

REQUEST FOR WITHDRAWAL OF CASH

(Please note that 1 business day notice is required)

✕ WITHDRAWAL AMOUNT IN NUMBERS : RM _____

WITHDRAWAL AMOUNT IN WORDS : RINGGIT _____

✕ CREDIT TO MY PERSONAL /JOINT A/C NO : ☐ - ☐☐☐☐☐☐ - ☐☐☐☐☐☐

Customer's Signature

Instruction
Received BySIGNATURE
VERIFIED BYName :
Date :Name :
Date :

FOR INTERNAL USE ONLY

	COMMITTED POSITION			
	Outstanding Balance	Total Collateral value	FMR (%)	Available Facility
Before Withdrawal				
After withdrawal				
Credit Limit				
Trading Activities :T/O For The Mth ()			T/O YTD ()	
Prepared By :	Approved By :			
Name of ISE :	Name :			
Date :	Date :			
Remarks :	Remarks :			