Form: 01

Fund Withdrawal Request (FWR) Form

Voucher No.:	
Voucher Date :	

The Manager	•			Date : 202	
• • • • • • • • • • • • • • • • • • • •	Branc	h. Bank Name :		BEFTN	
CB Capital M	lanagement Limite	u		A/C Payee Cheque	
		L		Please"✓"the Box	
Subject: With	drawal of Fund fron	1 Investment Acco	<u>unt No</u>		
Dear Sir,			•		
				bove mentioned account is)	
I/we intend from my / o transfer or p executing th	to withdraw TK ur said account. I/we burchase by this time,	promise that I/we h which may cause s	(ave not requested you shortfall in balance. It	for executing any withdrawal may be mentioned that after ain in the said Account as per	
solemnly de responsible	clare that the information	ation above are tru	e and if anything fou	e withdrawal order and I/we nd wrong, I/we shell be held at may be issued in favour of	
	I.A No. Name	of the Investors	Contact Number	Signature (as per signature card)	
Principal Holder :		* :			
Joint Holder:					
Operator:					
Operator.					
	y and at present credit balance of the said account is sufficien				
Sl. No.	Name of the Co	ompany	No. of Securities	Market price of Securities	
2.	***************************************				
3.					
	ove circumstances w) from the said A			(l subsequent approval.	
Prepared by	Checked by	Aud	ited by	Approving Authority	
		Acknowledge	ement		
ceived the Che	que bearing number	Date	ed for	r Tkagain:	
				8	
., 140	***************************************	as UII			
1 13 13					
ite:	••••••			Cheque Received b	