

Date _____

DA MARKET SECURITIES, INC.

Unit 1105, PSE Tower, 5th Ave. Cor. 28th St.
Bonifacio Global City, Taguig City, Philippines, 1634
Tel. (+632) 887-6407 / (+632) 834-7765
Email address: damarketsecurities@gmail.com
Telefax (+632) 839-2268

Subject: REQUEST FOR WITHDRAWAL OF FUNDS*

I/We hereby request for the withdrawal of the amount specified hereunder from my/our account with DA Market Securities, Inc.:

Amount in figure: _____

Amount in words: _____

I/We understand that the check representing the withdrawal of cleared funds shall be available for pick-up at the offices of DA Market Securities, Inc. a day after DA Market Securities, Inc. has received and verified my/our request; provided, however, that such request is received before the 11:00 AM cut-off.

***Check withdrawals will only be payable to the Customer's name**

Thank you.

Customer's Signature over Printed Name

DMSI Account No. _____

ID Type and no. _____

DEPOSIT INSTRUCTION:

AUTHORIZATION: WITHDRAWAL THROUGH REPRESENTATIVE

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

Representative's Printed Name

Representative's Specimen
Signature

Customer's Signature

Note: Valid identification from both the customer and his representative is required when securing payment