## Withdrawal Request Form

To: Golden FX Link Capital Co., Ltd.									Tel Email	: 023 22 6666 : enquiry@goldenfxlink.com	
*Client's Name:							*MT4 Account Number:				
*Withdrawal Amount: USD							*Withdrawal Date:				
*W	ithdraw	al An	nount	in v	words:						
*PI	ease ch	oose	your v	vith	drawa	I method:					
☐ Bank Transfer (Transfer fee is charge per policy for other bank)											
	☐ Cash <b>Note:</b> If client opened a bank acc						count with				
				1.		OA Bank: Client num \$1)	receiving cas	sh at any	ACLEDA I	Branch (witho	Irawal fee 0.12% or
				2.		Bank: Client bri d. for cash rece	_			que from Gol	den FX Link Capital
				3.		DIA Bank: Clien or cash receive a					FX Link Capital Co.,
und	derstand	that	Gold	en I	X Link	•	d. has the r	ights to	decline a	_	val request. I/We f such withdrawal
lmį	oortant	Note	: /								
•	that fre	e fund	ds are	avai	ilable fo	or withdrawal.					required to ensure
•	For with	ndraw	al am	oun	t that l	ess than 50 US	dollars, the a	dministr	ation fee	will be charge	e for 5 US dollars.
•	In case	withd	rawn l	оу С	ash, Cl	ient has to brin	g along with	his/her o	original id	entity card fo	r cash receiving.
	Client's Signature or with Chop							Date			
For	Officia	Use	Only								
Hai	ndling F	ee:					Cheq	ue Num	ber:		
Actual Amount:							Issue	Date: _			
Wit	thdrawa	l Am	ount:				Verif	ied by: _			
Ch	necked b	y				Approved by			Finance	Department	