

REQUEST FOR WITHDRAWAL OF FUNDS

Date _____

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

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 DMSI office a day after DMSI 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.

Primary Account Holder's Signature over Printed Name

Secondary Account Holder's Signature over Printed Name

DMSI Account Code: _____
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

Account Holder(s)' Signature

1
2

Note: Valid identification from both the account holder(s) and his representative is required when securing payment.