

SECURITIES WITHDRAWAL FORM (CSD FORM 4)

Date:
(dd/mm/yyyy)

Depository Participant No.:

Client CSD Securities Account No.	
Title: Mr/Mrs/Miss/Master/ Dr	
Surname / Company Name	
First & other name(s):	
Address:	

Particulars of Securities to be withdrawn

Security Symbol / ID	Volume/Number of Shares
.....
.....
.....
.....
.....

Declaration by Client

I/We hereby request the withdrawal of the above mentioned securities deposited by me/us in my/our Securities

Name: Signature / Thumbprint: Date:
(DD/MM/YY)

Name: Signature / Thumbprint: Date:
(DD/MM/YY)

Name: Signature / Thumbprint: Date:
(DD/MM/YY)

Depository Participant Declaration:

I/We hereby certify that I / we have verified the above information and that:

- (1) to the best of our knowledge and information, the name of the securities account holders as it appears on the Account opening form/screen and on the withdrawal form refer to the same person.
- (2) the person signing the deposit form has the proper authority to do so and I/we agree that the necessary documentary evidence will be made available upon request.

(Authorised Signature)

Date: (DD / MM / YY)

Stamp:

For CSD Use Only

Verified by: (name) (sign) (Date):
(DD / MM / YY)

Verified Stamp: