

Withdrawal request – OANDA TMS Brokers S.A.

To be filled in by the person ordering withdrawal	
1.	Full name of the Client
2.	Service variant <input type="checkbox"/> CFDs (<i>TMS Connect, TMS Trader</i>) <input type="checkbox"/> Stocks <input type="checkbox"/> TMS Markets <input type="checkbox"/> TMS Direct/TMS MiniDirect
3.	The number of the Account at OANDA TMS Brokers S.A. from which the withdrawal of funds should be carried out
4.	The number of the Client's bank account for withdrawal or the number of the Client's cash account at OANDA TMS Brokers S.A. for withdrawal
5.	Type of operation <input type="checkbox"/> Transfer of funds to the bank account indicated in item. 4. <input type="checkbox"/> Transfer of funds to another cash account held at OANDA TMS Brokers S.A. indicated in point. 4. <input type="checkbox"/> Transfer of funds to a new cash account held at OANDA TMS Brokers S.A.
6.	Currency <input type="checkbox"/> PLN <input type="checkbox"/> EUR <input type="checkbox"/> USD <input type="checkbox"/> CZK <input type="checkbox"/> GBP
7.	Person ordering withdrawal <input type="checkbox"/> Client <input type="checkbox"/> Proxy <input type="checkbox"/> Other (e.g. inheritor) – please indicate: _____
8.	Full name of the person ordering withdrawal
9.	Withdrawal amount <input type="checkbox"/> Entire account balance <input type="checkbox"/> <i>(optional) In addition, please close the cash account from which I am making the withdrawal</i> <input type="checkbox"/> Other amount: _____; say: _____ _____
10.	Reasons for withdrawal, account closing

_____ Date

_____ Signature of the person ordering withdrawal

To be filled in by an employee of OANDA TMS Brokers S.A.	
Date and time of accepting the withdrawal request:	_____
Person accepting the request:	_____
I confirm: <ul style="list-style-type: none"> the complete and correct execution of the withdrawal request form, the fact that the request was submitted by the authorized person(s), and the conformity of the signature(s) with the specimen included in the Customer Data Sheet/Power of Attorney or that I verified identity of person ordering withdrawal by phone or in person. 	
_____ Date	_____ Name of the employee of OANDA TMS Brokers S.A.

OANDA TMS Brokers S.A. (formerly: Dom Maklerski TMS Brokers S.A.) with its registered office in Warsaw, at Zlota 59 Street, registered by the District Court for the Capital City of Warsaw in Warsaw, XII Commercial Division of the National Court Register under KRS number 0000204776, NIP number 5262759131, Initial capital: PLN 3,537.560 paid in whole. OANDA TMS Brokers S.A. is subject to the supervision of the Polish Financial Supervision Authority on the basis of an authorization of April 26, 2004 (KPWiG-4021-54-1/2004).