

FUNDS WITHDRAWAL REQUEST FORM



Level 6
The Shortland Chamber Building
70 Shortland Street
Auckland New Zealand
Telephone 64 9 359 9090
Facsimile 64 9 359 9089
Email info@efxfinancial.com
www.efxfinancial.com

Date of Notice_____

Customer Name_____

EFX Username_____

Currency _____

Amount _____

Customer Telephone Number_____

Customer Banking Details:

Bank Name_____

Bank Account No._____

Beneficiary Name _____

Bank Address_____

Customer Signature _____

Please fax this form to Mr Peter Walsh on +64-9-359 9089

Please note: No third party transactions are permitted