

SECURITIES WITHDRAWAL FORM (CSD FORM 4)

	Date:	DD	MM	YY
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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Particulars of Securities to be withdrawn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
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.....
.....
.....
.....

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/YYYY)

Name: Signature /Thumbprint: Date:

(DD/MM/YYYY)

Name: Signature /Thumbprint: Date:

(DD/MM/YYYY)

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/YYYY)

Stamp:

For CSD Use Only

Verified by: (name) (sign) Date:

(DD/MM/YYYY)

Verified Stamp: