

# IL CAPITAL LIMITED

Hossain Tower (2nd floor)  
116, Bir Protik Gazi Golam Dastogir Road (Box Culvert Road)  
Naya Paltan, Dhaka-1000, Bangladesh

## FUND WITHDRAWAL REQUEST FORM

Date: ...../...../.....

Account Number: .....

Name of Account Holder(s): .....

Requested Amount (In Figure):

Requested Amount (In words): .....

**DECLARATION:** I/We intend to withdraw the above stated amount of money from my/our trading account maintained with you. Therefore, I/we do hereby declare that no purchase will be made against the amount requested for withdrawal.

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Signature of Account Holder(s)

**FOR AUTHORIZATION TO COLLECT CHEQUE (IF ANY):** Please deliver the cheque to my/our authorized person

Mr. /Ms. .... whose signature is attested below.

ATTESTED:

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Signature of the Authorized Person(s)

Signature of the Account Holder(s)

### OFFICE USE ONLY

CHECKED BY		APPROVED BY	
----- Customer Service Department	----- Compliance & Risk Management	----- Chief Executive Officer	----- Managing Director