

# FORM A

## CASH & SECURITIES WITHDRAWAL REQUEST

To: 1) CGS-CIMB Securities Sdn Bhd ("you" or "CGS-CIMB")  
 (Credit Control Department/ Operations Department /Finance Department  
 2) CGS-CIMB Nominees (T/A) Sdn Bhd ("CGS-CIMB Noms")

Client Name : \_\_\_\_\_  
 Client Account No : \_\_\_\_\_

I/ We hereby request to withdraw the following **Cash / Securities\*** from my/our trust account / securitised trading account on \_\_\_\_\_.

**A. Cash amount to be withdrawn for \_\_\_\_\_ or any lower amount which you may approve based on the following settlement instruction:**

- Please issue a crossed cheque in my/our favour;
- Please remit to my/our bank account as follows:

*Note: No third (3<sup>rd</sup>) party payment is allowed. For remittance to a bank account maintained outside Malaysia, a copy of the client's bank statement or equivalent document is required to evidence that the client is the beneficial owner of the receiving bank account.*

(I/We understand that I/we will bear any bank charges related to the Withdrawal Request)

Bank Account Name:		
Account Number:		Account Holder's NRIC No/Passport Number:
Receiving Bank:		SWIFT Code:
Agent Bank:		Branch:
Remittance Purpose:		

- Please remit payment to **\*CGS-CIMB Noms / CIMB EDG / CIMB ECM / CGS-CIMB** for my/our Corporate Action of \_\_\_\_\_ or IPO / Placement Settlement of \_\_\_\_\_ as per the attached settlement instruction.

- Please credit the monies to my/our **\*Direct/STS//Margin Trading /CGS-CIMB Futures /CIMB PB A/C** No : \_\_\_\_\_  
*\* Please delete where not applicable*

**B. Securities to be withdrawn:**

Stock Code	Stock Name	Quantity

At my/our own risk, I/we hereby authorise CGS-CIMB to transfer the securities which have been approved to be withdrawn to the following account maintained with the Central Depository or Authorised Depository Agent:

Name of Account Holder : \_\_\_\_\_  
 CDS Account Number : \_\_\_\_\_  
 NRIC No./Regn No./ Passport No : \_\_\_\_\_

I/We undertake to indemnify you and keep you indemnified against all losses, costs and damages which you may suffer arising out of your acting in accordance with this instruction. I/We am/are fully aware that any requests submitted after the cut-off time of 11:30 am will be processed on the next business day.

Yours faithfully,

.....  
 Date : \_\_\_\_\_

For Office Only	
Signature Verified & Processed By:	Approved By:

**CALL BACK CONFIRMATION BY REMISIER/ DEALER**  
**(Only Applicable for remittance to a bank account maintained outside Malaysia)**

Time Called: \_\_\_\_\_  
 Phone Number Called: \_\_\_\_\_

I hereby confirm that I have verified with the client on the above request and the corresponding settlement details.

Signature  
 Name

For Office Only	
A/C No	
O/S Purchase	
O/S Sale	
Billing	
C/Loss	
Trust / Share	
Withdrawal	
Balance	
ST Cash Coll	
ST Share Coll	
ST Revised Limit	
ST Capped Limit	