

To

APPLICATION FOR WITHDRAWAL OF FIXED DEPOSIT

Mega International Commercial Bank

Singapore Branch

Tel: (65) 622//66/ Fax: (65) 65	369773		
Date :			
I/We would like to withdraw the following Fixed D	eposit		
☐ At maturity ☐pre-maturity			
All charges are for my/our account.			
Fixed Deposit Account Number:			
Depositor's Name:			
Withdrawal Amount:			
Please transfer the funds as instructed below:			
□ 1. By T/T to:	(Be	eneficiary's	Name)
Beneficiary's Bank:			
Beneficiary's Account No. :			
□ 2. To my/our Account No. :			
□ 3. Others:			
(For partial withdrawal)			
After withdrawal, please make a1	months fixed	l deposit for	the balance
of the fixed deposit Account.		1	
Authorized signature(s) of Depositor(s)	Approved	Prepared	Signature Verified
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