



Account Holder/Client:	Account number: (Filled by Dukascopy Europe)
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V.18.08.2011

CLIENT BANK ACCOUNT DETAILS

For partial or total fund withdrawal

Bank name: _____

Bank address: _____

Beneficiary
(must be the same
as account Holder): _____

Bank Account number: _____

IBAN: _____

Sort Code/ABA: _____

SWIFT: _____

Place and date: _____

Signature
of the Account Holder/Client: _____