Date _____

Accounting Department
COL FINANCIAL GROUP, INC.
2401B East Tower, Philippine Stock Exchange Centre, Exchange Road, Ortigas Center, Pasig City 1605 Philippines
Tel. No. 6-515-888 | Fax No. 634-6958 | Email: withdrawals@colfinancial.com
(Please print, fill out and sign this form then submit via fax or email to COL's Accounting Department)

REQUEST FOR WITHDRAWAL OF FUNDS*

(*Funds can be withdrawn from free cash balances within 24-hours or from the proceeds raised 3 working days after a stock sale)

Request:	Special Instructions:
I hereby request for the withdrawal of the amount stated hereunder from my **COL Financial** account: **Amount in Figures:** **PHP** ☐☐☐,☐☐☐,☐☐☐ . ☐☐ **Amount in words:** _____ _____ **COL Account No:** ☐☐☐☐ – ☐☐☐☐ **ID Type and No:** _____ *(*ID details needed for check pick up)* **I confirm that the information herein is true and correct. In case of deposit to registered bank account, I also confirm that the details of my bank account as registered with COL are correct and up-to-date. I understand that I am solely liable for any and all costs in relation to or caused by the breach of my representations herein, including the service charge for failed deposits.** *Note: Requests received after our 11:00 AM cut-off will be processed on the next banking day.*	**[ ] CHECK PICK UP (from COL Business Center, 3pm onwards)** *(Check payments will be made payable to Account Holders name/s ONLY)* **[ ] *Please uncross checks for Encashment*** **[ ] DEPOSIT TO REGISTERED BANK ACCOUNT*** *(*Bank account name/s should match your COL Account Name/s to facilitate bank deposits. Banks may reject deposits if they find inconsistencies with listed names, forcing us to release withdrawals through Check Pick Up from our Business Center. **Please make sure your bank account is still active as any failed attempt to deposit into a closed bank account will incur a service charge of P25.00**)* **Note:** To change or update your registered bank account with COL: 1. Please log into your COL account and visit ***Home*** → ***Change Profile*** 2. Click on the ***EDIT*** button under the Bank Details section 3. Proceed to make updates/changes then click on ***Submit and Print*** 4. Submit the printout (or scanned copy) to: **"COL Operations Group"** a. Email: stockcerts@colfinancial.com or Fax: (632) 687-5459 b. Snail Mail: 2401B East Tower, Philippine Stock Exchange Centre, Exchange Road, Ortigas Center, Pasig City 1605 Philippines *(Update requests in Bank Account details may take up to 48 to 72 hours to verify and amend.)*

_____ SIGNATURE VERIFIED
Primary Account Holder
Signature over Printed Name

_____ SIGNATURE VERIFIED
Secondary Account Holder
Signature over Printed Name

AUTHORIZATION: CHECK PICK-UP THROUGH REPRESENTATIVE

I hereby authorize my representative whose printed name and specimen signature appear below, to receive the proceeds of this withdrawal in my behalf.

_____ _____ _____ SIGNATURE VERIFIED
Representative's Printed Name | Representative's Specimen Signature | Customer's Signature

Note: Valid identification from both the customer and his representative is required when securing payment.