Credit Financier Invest sal

Withdrawal/Transfer Request

Please tick one Box:

☐ Please pay to me*

Method of Payment

☐ Cash (limit $5,000 Per day) at: BBAC/Branch: _____

☐ My CFI Card

☐ Check (Fill in the below table)

☐ Transfer (Fill in the below table)

Please make sure to Fax this form whenever filled and signed to the following Number: 961.1.333525 ext 119
For further information please call our Accounting Department on :961.1.333525 ext 116

I, hereby request you to issue a payment as per details mentioned below to the debit of my/our below mentioned account .

A/C Name/Title _____

A/C Number |_|_|_|_|_|_| _ |_|_|

Currency	Amount	Amount in Words

If Applicable

Beneficiary Bank's Name	
Branch	
Beneficiary Bank's Address	
Beneficiary A/C# (IBAN)	
Details of Payment	

I, hereby certify that all amounts and positions stated in my Accounts with Credit Financier Invest are accurate and free of any error.

Name	Signature	Date

For internal use:

S.V. (Name+ Signature)	**Acc.**

July-15

Head Office Ellipse Center, 3rd floor, Charles Malek Avenue, Achrafieh, P.O.Box 116/5032, Beirut - Lebanon
Telephone: +961.1.333 525 | Fax: +961.1.333 525 | 24/24 Trading Desk: +961.1.333 959
info@cf-invest.com
www.cf-invest.com

'Banque du Liban' List No.40
Capital LBP 7.5 Billion Fully Paid
C.R. No.: 1019238 Beirut