

Date of Request: _____

Account Name: _____

WITHDRAWAL FORM

I/we hereby request for the withdrawal of the amount specified hereunder from my/our account with Maybank Securities, Inc. *formerly Maybank ATR Kim Eng Securities, Inc.:*

Amount: PHP _____ (in words) _____

Withdraw funds via:

Please tick one:

- Credit to my registered settlement bank
- Cheque Payment (For Pick Up)

Letter of Indemnity

I /We hereby authorize **Maybank Securities, Inc.** formerly Maybank ATR Kim Eng Securities, Inc. (“MSPH”) or any of its officers to act in accordance with my/our instructions given via the telephone and/or email from time to time in respect of all transactions in relation to the above account including, but not limited to, the purchase and sale of securities and the payment of dividends to my personal account. MSPH and its officers shall be under no obligation to verify and check the accuracy and correctness and detect errors or contents in such telephone and/or email instructions and notwithstanding the fact that the identity of the person issuing such telephone or email instructions and/or the sources of the instruction cannot be verified or authenticated by you.

I/We hereby agree that MSPH and any of its officers may, in their reasonable discretion, decline to act on or in accordance with the whole or any part of any such telephone and/or email instructions in the event that MSPH or any of its officers are of the view that such instructions are suspicious in nature.

I/We hereby authorize MSPH and any of its officers to communicate with me/us by telephone and/or email given by me in respect of my transactions referred to above.

I/We am/are fully aware and understand the various problems and risks of misunderstandings, unauthorized alterations or instructions errors and risk of operational failure involved in me/us sending my/our instructions to you by way of telephone/email and the Bank receiving your communications via telephone and/or email and hereby agree to accept full and total responsibility for all the above mentioned transactions and instructions and risks associated with the abovementioned transactions and instructions.

Absent fault, gross negligence, or willful misconduct, MSPH shall not be responsible and accountable for ensuring the authenticity, validity, proprietary or sources of such telephone or email instructions and shall not be liable for any such telephone or email instruction that turns out to be unauthorized, erroneous, improper or fraudulent.

Whereas at my/our request and upon the express condition that this instrument be executed, MSPH has agreed upon my request and until further notice, to act on or execute my/our instructions which are transmitted to you via telephone and/or email.

Now, therefore in consideration of the above, I/we hereby agree and undertake that I/we shall at all times hereafter unconditionally indemnify MSPH and keep MSPH indemnified from and against any and/or all liability, loss, costs, damages, fees and expenses of whatever kind of nature which MSPH may sustain or incur by reason of or in consequence of receiving, acting in accordance with or declining the instructions contemplated herein or for any reasons whatsoever in relation to the above accounts, there being no fault, gross negligence, or willful misconduct on MSPH’s part.

For the avoidance of doubt, it is expressly agreed that MSPH is under no obligation whatsoever to check the authenticity of such telephone and/or email instructions. I/we undertake to send you the original documents as a follow up to my telephone and/or email instructions.

MSPHs authority to accept telephone and/or email instructions is continuing and shall remain in force until a written termination notice from me/us terminating such authority has been received by MSPH and confirmed by MSPH to be in order.

Dated the ____ day ____ month ____ year

 (Client/s Signature over Printed Name)

 (Client/s Signature over Printed Name)

Authorization for Representative (For Cheque Payment Request Only)

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

 Representative’s Printed Name

 Representative’s Signature

 Client’s Signature

Note: Valid identification from both the client and the representative is required.