



ACCOUNT No.:

AUTHORIZATION FOR WITHDRAWAL-OVERSEAS MEMBERS

1. PERSONAL INFORMATION

MR. MRS. MS. LAST NAME:

FIRST NAME: MIDDLE NAME(S):

PERMANENT ADDRESS: STREET/AVENUE:

CITY/TOWN: PARISH/STATE:

ZIP/POSTAL CODE: COUNTRY:

TELEPHONE No.(s): Home: Work: Ext.:

Mobile:

EMAIL ADDRESS:

2. METHOD OF TRANSACTION *(Please note that disbursements are NOT made in cash)*

OPTION (1): Wire Transfer to

ACCOUNT HOLDER RECIPIENT

FULL NAME OF RECIPIENT:

ADDRESS OF RECIPIENT:

NAME OF BANK:

BANK ADDRESS:

ACCOUNT No.: BANK'S ROUTING NUMBER:

SWIFT CODE: SORT CODE:

OPTION (2): Pay Cheque to *(To have funds paid to an individual or organisation in Barbados)*

FULL NAME OF PAYEE:

ADDRESS/ACCOUNT No. IF APPLICABLE:

TELEPHONE No.(s):

OPTION (3): Bank Draft to

FULL NAME OF PAYEE:

ADDRESS/ACCOUNT No. IF APPLICABLE:

TELEPHONE No.(s):

METHOD OF DELIVERY: POST BY COURIER POST BY REGISTERED MAIL COLLECTED BY INDIVIDUAL

NAME OF INDIVIDUAL COLLECTING BANK DRAFT:

3. SELECT ACCOUNT WITHDRAWAL OPTION

Shares: \$ Deposits: \$ Premiere Plan: \$ Line of Credit: \$

Other: (.....) \$

TOTAL AMOUNT: (B'dos) \$

CONVERT TO: USD POUNDS EUROS CAN OTHER (Specify)

4. REASON FOR WITHDRAWAL *(evidence must also be provided)*

Education Maintenance Sale/Purchase of Real Estate Other (Specify)

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I understand and agree that all associated costs shall be borne by me.

SIGNATURE OF APPLICANT: DATE (mm/dd/yyyy):

5. FOR OVERSEAS APPLICANTS ONLY

NOTARIAL CERTIFICATE:

I, Notary Public in and for the Country/State/Province/County of do hereby CERTIFY that on the day of the date hereof personally came and appeared before me a male/female who identified his/herself to be the within named the executing party to the foregoing written documents who did in my presence duly sign, seal and deliver the same as and for his/her free and voluntary act and deed. Given under my hand and seal this day of 20

PLACE NOTARIAL STAMP HERE

.....
Notary Public in and for the Country/State/Province/County of

FOR OFFICIAL USE ONLY

NAME OF STAFF MEMBER COMPLETING TRANSACTION *(please print)*:

SIGNATURE OF STAFF MEMBER COMPLETING TRANSACTION: DATE (mm/dd/yyyy):

NAME OF STAFF MEMBER AUTHORIZING TRANSACTION *(please print)*:

SIGNATURE OF STAFF MEMBER AUTHORIZING TRANSACTION: DATE (mm/dd/yyyy):

NAME OF STAFF MEMBER VERIFYING TRANSACTION *(please print)*:

SIGNATURE OF STAFF MEMBER VERIFYING TRANSACTION: DATE (mm/dd/yyyy):