

**TRANSFER FORM**

Please complete the necessary fields below and return this form via e-mail to **info@rfxt.com.lb** or fax to **+961 1 997 111**. Your request will generally be processed within 2 business days of receipt. To avoid delays please review your information carefully before submittal. ROYAL is not liable for errors or inaccuracies made by the account holder. Requests to transfer funds to a third party will not be processed.

**Primary Account Holder Full Name**

**Joint Account Holder Full Name (If any)**

**TRANSFER FUNDS BETWEEN YOUR EXISTING ROYAL ACCOUNTS**

I understand and accept that by signing below, I have requested for funds to be transferred out of my ROYAL account and into another ROYAL account in accordance with ROYAL's compliance and administrative procedures. Available margins must exist in order for funds to be transferred, as removal of funds may result in a margin call. I shall hold ROYAL harmless of any and all claims regarding such funds transfer upon proper credit to the below named ROYAL account.

**From Existing Account No.**

**To Existing Account No.**

**Transfer Amount**

Please check here if the first account will be closed.

If you wish to refund a closed account you will be issued a new account number.

**TRANSFER FUNDS TO CREATE A NEW ACCOUNT**

**To Existing Account No.**

**Transfer Amount**

**A TEMPORARY PASSWORD WILL BE ASSIGNED TO YOUR NEW ACCOUNT**

**Client Full Name**

**Client Full Name**

**Primary Account Signature**

**Joint Account Signature**

**Date**

**Date**