

Date _____

CitisecOnline .com, Inc.
Accounting Department
2401-B East Tower, Philippine Stock Exchange Centre,
Exchange Road, Ortigas Center, Pasig City
1605 Philippines
Tel. No. 636-5411 to 30 local 184
Fax No. 634-6958 or 687-5459

Subject: REQUEST FOR WITHDRAWAL OF FUNDS*

I/We hereby request for the withdrawal of the amount specified hereunder from my/our account with CitisecOnline:

Amount in figure: _____

Amount in words: _____

I/We understand that the check representing the withdrawal of cleared funds shall be available for pick-up at the offices of CitisecOnline a day after CitisecOnline has received and verified my/our request; provided, however, that such request is received before the 11:00 AM cut-off.

****Check withdrawals will only be payable to the Customer's name***

Thank you.

Customer's Signature over Printed Name

COL Account No. _____

ID Type and no. _____

[] DEPOSIT INSTRUCTION:

[] AUTHORIZATION: WITHDRAWAL THROUGH REPRESENTATIVE

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

_____ 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