

WITHDRAWAL REQUEST

Please fill in this form , sign and send it to payments@lvmexchange.com



First Name	<input type="text"/>
Last Name	<input type="text"/>
Amount for withdrawal	<input type="text"/>
Email	<input type="text"/>
IBAN/Account number	<input type="text"/>
Bank name	<input type="text"/>
SWIFT	<input type="text"/>
Bank Address	<input type="text"/>
Address of Residence	<input type="text"/>

Signature	<input type="text"/>
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