OMI Transfer Out Request Form

Date: _____

CLIENT Personal Data (compatible with xStation account

Name	
Surname	
Address	
xStation Login	

OMI (securities) details

Symbol	ISIN	Place of listing (Stock exchange name)	Quantity

Details of the account to which OMI are to be transferred

Broker name	
Account ID	
Account holder name and Surname	
Broker contact e-mail	

Client Signature: _____

XTB Financial Services LLC
PO Box- Dubai 417172
+971 44905000
office@xtb.ae
www.xtb.com

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