



# Deposit Sheet

**TOKIWA Investments Inc.**

**Customer Name:**

**Date:**

**(Please encircle one) New Account • Additional Margin Deposit**

**Customer Details:**

Customer ID No: \_\_\_\_\_

Furigana

Name : \_\_\_\_\_

Telephone : \_\_\_\_\_

Email : \_\_\_\_\_

Identification / Passport No : \_\_\_\_\_

Deposit Amount : \_\_\_\_\_

Mode of Payment : \_\_\_\_\_

**T.T. DESTINATION INFORMATION**

Beneficiary Name : \_\_\_\_\_

Account No : \_\_\_\_\_

Bank Name : \_\_\_\_\_

Branch name / address : \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Remarks : \_\_\_\_\_

**Client's signature or stamp :** \_\_\_\_\_

**THIS FORM SHOULD BE ATTACHED WITH THE DEPOSIT ADVICE / SLIP.**

Account Personnel	Operation	Accounting	Encoder	System	Internal Controller