Lucky Tiger Casino Withdrawal Application

By filling this form you, the Customer, acknowledge that all the information presented is accurate and up to date. In turn, we, the Casino, ensure that your personal information is secure and protected, and won't be shared with any third-party organizations.

Please, fill in the form, capture it with the current date and signature, and send to faxback@luckytigercasino.com

First Name:		Phone:			
Last Name:		Country:			
Username:		City:			
Date of Birth:		State:		Zip Code:	
Email:		Address:			
Please choose the pay	vment method you want	to use for withdr	awal and fill in t	he required fields.	
Bank Wire (Mandatory)					
Bank Name:	Bank account #:		Holder's Name:		
Bank Address:			SWIFT/BIC Code	e (if available):	
Sort code (for UK residents):	ACH Routing Number (for US residents):		ABA Routing Number (for US residents):		
BSB # (for New Zealanders/ Australian reside	ents):	IBAN # (for UK &	& European resident	s):	
Bank Transit # (for Canadian residents):		Institution ID # (for Canadian residents):			
BTC BTC wallet					

By signing this form you hereby confirm that you have got acquainted with the Lucky Tiger Casino's T&C and agree with the policies described.