



Amendment Confirmation Page

PLEASE COMPLETE AND SEND VIA EMAIL TO CS@ALPARI-US.COM OR FAX TO +1 646.825.5761.

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New York, NY 10005

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+1 646 825 5761
www.alpari-us.com

ACCOUNT INFORMATION

Account Name: _____
Address: _____ Suite/Apt#: _____
City: _____ State/Province: _____ Zip/Postal Code: _____
Country: _____ Telephone #: _____
SSN/Tax ID/Passport #: _____ Email: _____
Other Change: _____
Reason for Amendment Request: _____

THE ABOVE NAMED ACCOUNTHOLDER HEREBY REQUESTS AN AMENDMENT TO THE ACCOUNT INFORMATION OF RECORD. BY SIGNING BELOW, THE ABOVE NAMED INDIVIDUAL IS AGREEING TO THIS CHANGE AND CERTIFIES THAT THE INFORMATION PROVIDED IS TRUE AND ACCURATE.

THE EXECUTION OF THIS AMENDMENT DOES NOT ALTER OR OTHERWISE AMEND ANY AGREEMENT BETWEEN ALPARI (US), LLC AND THE CUSTOMER. ALL OTHER TERMS AND CONDITIONS OF THE FOREX CUSTOMER AGREEMENT, TOGETHER WITH ALL EXHIBITS AND DISCLOSURE DOCUMENTS THERETO, SHALL REMAIN UNCHANGED AND IN FULL FORCE AND EFFECT.

PRIMARY SIGNATURE

Full Name (*print*): _____
Title (*ex: trustee/authorized signer*): _____
Signature: _____
Date: _____

SECONDARY SIGNATURE (*if applicable*)

Full Name (*print*): _____
Title (*ex: trustee/authorized signer*): _____
Signature: _____
Date: _____