



Investor Password Attestation

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

Alpari (US), LLC
14 Wall St., Suite 8B
New York, NY 10005

+1 646 825 5760 
+1 646 825 5761 
www.alpari-us.com 

Alpari (US), LLC
14 Wall Street
Suite 5H
New York, NY 10005

Dear Client Services,

I, the undersigned, _____, residing at _____, hereby attest that I am an account signer on Trading Account # _____.

I am requesting that Alpari (US), LLC ("Alpari") issue an investor password to me. I hereby attest that I will keep the password secure, and, if the password is lost, stolen or otherwise compromised, I will notify Alpari immediately. I further attest that I will absolve Alpari of any liability, waive any and all claims against Alpari, and will indemnify Alpari and hold Alpari harmless, for any transactions resulting from unauthorized use of the investor password.

SIGNATURE

NAME

TITLE

DATE