



MEMBER REQUEST TO CHANGE LICENSEE AREA

I wish to transfer my E Banc Trade membership account number,
in the name of, to the
licensee area of..... I confirm that I have
remained in my original licensed area,, for
not less than eight weeks, and understand that this transfer will not take place until all
outstanding cash fees on my account have been paid to head office.

By co-signing this form, both the existing licensee and licensee to whom the member is
transferring, understand that this transfer will not take effect until all outstanding cash
fees on the member's account have been paid under the original licensee area.

Name:
(E Banc Trade Account Owner)

Authorised Signatory Date:

Name:
(Original Licensee)

Authorised Signatory Date:

Name:
(New Licensee)

Authorised Signatory Date:

This form, together with payment for all outstanding cash fees,
must be mailed to Head Office at Locked Bag 151, Buddina 4575
before the transfer will take place.