

## **MEMBER REQUEST TO CHANGE LICENSEE AREA**

I wish to t	transfer my E Banc Trade membership account number	,
in the nan	ne of	to the
licensee a	rea of I con	nfirm that I have
remained	in my original licensed area,	, for
not less th	nat eight weeks, and understand that this transfer will r	ot take place until all
outstandir	ng cash fees on my account have been paid to head of	fice.
-	ning this form, both the existing licensee and licensee to	
	ng, understand that this transfer will not take effect unt	_
fees on th	ne member's account have been paid under the original	licensee area.
Name:	(F. Daniel Trade Assesset October)	
	(E Banc Trade Account Owner)	
Authorised	d Signatory	Date:
Name:	(Original Licensee)	
Authorised	d Signatory	Date:
Name:	(New Licensee)	
Authorised	d Signatory	Date:

This form, together with payment for all outstanding cash fees, must be mailed to Head Office at [3B, Trengganu Street, Singapore 058457] before the transfer will take place.