



Financial Square
32 Old Slip 10th Floor
New York, NY 10005 USA
Tel. 212.897.7660
Fax 212.897.7669
E-mail: admin@fxcm.com

CHANGE OF CONTACT OR BANKING INFORMATION FORM

In connection with the foreign exchange trading account carried by Forex Capital Markets, LLC, ("FXCM"), the undersigned hereby ratifies and confirms that the following information changes have been made in regards to his/her account(s).

PLEASE NOTE: This form must be submitted to admin@fxcm.com from the email address we have on file for you. Do NOT fax or mail the form to us. The fields are interactive. Please type the information you wish to have updated.

Account Holder Name: _____ **Account #:** _____

Contact Information Change - Please select one or all that apply.

Home address *P.O.BOX may not be accepted.*

Mailing Address: _____

City, State: _____

Zip Code: _____

Country: _____

Email Address: _____

Home Telephone #: _____

Fax #: _____

Mobile Phone #: _____

Banking Information Change - Please select one or all that apply.

Bank Name: _____

Bank address

Mailing Address: _____

City, State: _____

Zip Code: _____

Country: _____

Bank Account Holder's Name: _____

Bank Account Number/IBAN*: _____

SWIFT Code or ABA Number: _____

Person to Contact at Bank: _____

*ALL EURO WIRE REQUESTS REQUIRE AN IBAN NUMBER.

I/We hereby represent that the information provided by me is true and correct. I/We further represent that I/we will notify FXCM of any material changes in writing. FXCM reserves the right, but has no duty, to verify the accuracy of information provided, and to contact various sources as it deems necessary. I/We acknowledge that the FXCM Trading Agreement is a legally binding contractual agreement. I/We have carefully read a recent version of this agreement, and I/we agree to be bound by every term and condition.

Print Client Name:

Date:

Print Joint Client Name:

Date: