



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).

**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:** \_\_\_\_\_

**SWIFT Code or ABA Number:** \_\_\_\_\_

**Person to Contact at Bank:** \_\_\_\_\_

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.

Primary Account Signature: _____	Joint Account Signature: _____
Print Client Name: _____	Print Client Name: _____
Date: _____	Date: _____