



MFSA, CATEGORY 3 INVESTMENT SERVICES LICENSE NO. IS/48817

K2, First Floor, Forni Complex, Valletta Waterfront  
Floriana, FRN 1913 Malta (Europe)

Phone: (+356) 2013-3933  
Fax: (+356) 2138-3307

**Funds Transfer Form**

Name of Company:		
Street Address:		
City:	State/Province:	ZIP/Postal Code:
Name of Introducing Broker:		
Account Number(s):	Account Title(s):	
		Date:

**Re: Transferring Customer Account to FXDD MALTA LTD**

To the above named Transferring Entity: *(Customer check only one of the following paragraphs that apply)*

- Please be advised that I wish to transfer all my properties held by you in the above named account number(s) to the receiving firm.
- Please be advised that I wish to transfer only the following held by you, the transferring entity, from the above named accounts to the receiving entity:

If Transferring Cash by Check make payable to FXDD MALTA LTD

<b>Receiving Entity:</b> FXDD Malta Limited K2, First Floor, Forni Complex, Valletta Waterfront Floriana, FRN 1913 Malta (Europe)		<b>Wiring Instructions:</b> JPMorgan Chase Bank, N.A. 1 Chase Manhattan Plaza New York, NY 10081 ABA: 021000021 Account: 799826920 Swift: CHASUS33	
For FXDD MALTA LTD Control Account favor _____ # _____			
		<i>"Customer's Name"</i>	
Customer Signature:		Print Name:	
		Date:	
Customer Signature:		Print Name:	
		Date:	

(Attach a copy of this page for additional signature.)  
Please send a signed copy to the firm currently holding the client's funds.

