



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: FXDD Direct Dealer LLC		
Street Address: 75 Park Place		
City: New York	State/Province: NY	ZIP/Postal Code: 10007
Name of Introducing Broker: 記入不要		
Account Number(s): 移動元口座番号	Account Title(s): 移動元口座の口座名義名(ローマ字)	
		Date: 日にち

全額資金移動の場合
ここをチェック

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:

こちらに移動希望額を記入

資金の一部を移動
希望の場合はこちら
をチェック

If Transferred to be payable to FXDD MALTA LTD

Receiving Entity: FXDD Malta Limited K2, First Floor, Forni Complex, Valletta Waterfront Floriana, FRN 1913 Malta (Europe)		Wiring Instructions: 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		お客様のお名前(ローマ字)	# 移動先口座番号
		"Customer's Name"	"Acc #"
Customer Signature: 手書きの署名	Print Name: お名前(ローマ字)	Date: 日にち	
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.