



申请补办用户 ID / 密码或变更账户信息表

APPLICATION FOR REISSUE OF USERID / PASSWORD OR CHANGE IN ACCOUNT INFORMATION FORM

请注意：本文件中包含的翻译仅仅为您提供便利，若这些文件的英文版本与翻译版本有任何冲突，则将以英文版为准，且英文版的内容将是您与 GFT 间所建立与维护之合约关系的基础。

Please note that the translations included in this document are strictly for your convenience only and in the event of any conflict between the English and translated versions of these documents the English version will take precedent and is the document on which the contractual relationship between yourself and GFT will be established and maintained.

收件人： GFT Global Markets Asia Pte. Ltd.

经手人：客户联络部
61 Robinson Road
#11-02 Robinson Centre
Singapore 068893
传真：65 6227 5991

GFT 账户持有人姓名
GFT Account Holder's Name

GFT 账号
GFT Account Number

TO: GFT Global Markets Asia Pte. Ltd.
Attn: Client Liaison Department
61 Robinson Road
#11-02 Robinson Centre
Singapore 068893
Fax: 65 6227 5991

在下面签名的客户（“下面签名者”）特此指示并授权 GFT Global Markets Asia Pte. Ltd. (“GFT”) 做如下变更（请选择所需变更）：
The undersigned Customer (the “undersigned”) hereby directs and authorizes GFT Global Markets Asia Pte. Ltd. (“GFT”) to make the following changes (please select the changes required):

- 将用户 ID _____ 变更为 _____
Change User ID from _____ to _____
- 补办新密码
Reissue a new password
- * 将住址变更为： / * Change residential address to: _____
- * 将邮寄地址变更为： / * Change mailing address to: _____
- 将电子邮件地址变更为： _____
Change email address to: _____
- 变更联系电话：家庭电话： _____ 移动电话： _____
Change contact numbers: Home Phone Number: _____ Mobile Number: _____
- 其它变更： / Other changes: _____

* 请提供新住址 / 邮寄地址的证明。
* Please provide proof of new residential / mailing address.

1. 授权变更用户 ID / 密码或账户信息。
AUTHORIZATION TO CHANGE USERID / PASSWORD OR CHANGE IN ACCOUNT INFORMATION.

下面签名者授权 GFT 按上述要求作出变更，知情并明确豁免和免除 GFT 及其代表就下面签名者后来可能因该变更提起的所有索赔、要求、诉讼、判决和执行承担责任。

The undersigned authorizes GFT to make the changes as requested above and knowingly expressly releases and discharges GFT and its representatives from all claims, demands, actions, judgments, and executions that the undersigned may in a later date bring as result of this change.

2. 生效日期。
EFFECTIVE DATE.

下面签名者同意并了解，在 GFT 发送电子邮件至下述邮件地址，通知客户所要求的变更生效之前，此表要求的新变更将不会生效。

The undersigned agrees and understands the new changes requested in this form WILL NOT TAKE EFFECT until the undersigned is notified by GFT via email at the email address set forth below that the changes requested have been effected.

客户签名
Customer Signature

客户签名
Customer Signature

姓名与日期（正体）
Print Name & Date

姓名与日期（正体）
Print Name & Date

客户电子邮件地址
Customer E-mail Address

客户电子邮件地址
Customer E-mail Address

For Office Use Only	
Client Liaison / Date	
Compliance/ Date	