Authorization of Email Account Creation

To: **Golden FX Link Capital Co., Ltd.**

Tel : 023 22 6666
Email : enquiry@goldenfxlink.com

I (Client's Name) _____ / (Identity Document Number) _____

Open a trading account in Golden FX Link Capital Co., Ltd. I acknowledge and authorize that my exclusive Derivatives Representative's Name: _____, Derivatives Representative's Code: _____ will help to create personal email account with the purposes of trading account application and information obtainment related to my trading activities in Golden FX Link Capital Co., Ltd.

I hereby declare that I will keep my email account and password properly and shall be fully responsible for any loss, cost or liability incurred or suffered in respect thereof. Golden FX Link Capital Co., Ltd. shall not be liable for any such loss, cost or liability or accept any other responsibility.

The Client shall not assign, transfer or license all or any rights, benefits or obligations under this Agreement whether wholly or in any part thereof to any third party in any circumstances.

G-LINK®

_____ _____

Client's Signature or with Chop Date

For Official Use Only

Checked by	……	Approved by	……

Notice of Waiving Call Confirmation

To: **Golden FX Link Capital Co., Ltd.**

Tel : 023 22 6666
Email : enquiry@goldenfxlink.com

I (Client's Name) _____ / (Identity Document Number) _____

Open a trading account in Golden FX Link Capital Co., Ltd. and understand the content, trading rules, terms and condition in Golden FX Link Capital Co., Ltd. Client Agreement and have a floating spread commission involved in my trade (each lot).

I acknowledged that Golden FX Link Capital Co., Ltd. can send my personal MT4 password to the following email: _____. It is not necessary for Golden FX Link Capital Co., Ltd. to make the confirmation call through the following contact number, (Contact Number) _____. I hereby declare that I will keep my MT4 account and password properly and shall be fully responsible for any loss, cost or liability incurred or suffered in respect thereof. Golden FX Link Capital Co., Ltd. shall not be liable for any such loss, cost or liability or accept any other responsibility.

The Client shall not assign, transfer or license all or any rights, benefits or obligations under this Agreement whether wholly or in any part thereof to any third party in any circumstances.

_____ _____

Client's Signature or with Chop Date

For Official Use Only

Checked by	……	Derivatives Representative's Name	……
Approved by	……	Derivatives Representative's Contact Number	……

Withdrawal Request Form

To: **Golden FX Link Capital Co., Ltd.**

Tel : 023 22 6666
Email : enquiry@goldenfxlink.com

*Client's Name: _____ *MT4 Account Number: _____

*Withdrawal Amount: USD _____ *Withdrawal Date: _____

*Withdrawal Amount in words: _____

*Please choose your withdrawal method:

☐ Bank Transfer (Transfer fee is charge per policy for other bank)

☐ Cash **Note:** If client opened a bank account with

1. ACLEDA Bank: Client receiving cash at any ACLEDA Branch (withdrawal fee 0.12% or Minimum $1)
2. BIDC Bank: Client bring the Instruction Letter/Cheque from Golden FX Link Capital Co., Ltd. for cash receive at any BIDC Branch.
3. CANADIA Bank: Client bring the Instruction Letter from Golden FX Link Capital Co., Ltd. for cash receive at CANADIA Bank head office only.

I hereby request Golden FX Link Capital Co., Ltd. to accept the following withdrawal request. I/We understand that Golden FX Link Capital Co., Ltd. has the rights to decline acceptance of such withdrawal request in accordance with the policy provisions of the above policy.

Important Note:

- Upon such a withdrawal request, a check of the available equity on the account will be required to ensure that free funds are available for withdrawal.
- For withdrawal amount that less than 50 US dollars, the administration fee will be charge for 5 US dollars.
- In case withdrawn by Cash, Client has to bring along with his/her original identity card for cash receiving.

_____ _____

Client's Signature or with Chop Date

For Official Use Only

Handling Fee: _____ Cheque Number: _____

Actual Amount: _____ Issue Date: _____

Withdrawal Amount: _____ Verified by: _____

Checked by	.....	Approved by	.....	Finance Department	.....

Change of Particulars and Reset Password Application Form

To: **Golden FX Link Capital Co., Ltd.**

Tel : 023 22 6666
Email : enquiry@goldenfxlink.com

Please complete the personal information below:

Client's Name			
MT4 Account Number			
Identity Document Number		Contact Number	

Effective from (Date) _____, please change the information as follows,

Please fill in the information that would be changed:

Identity Document Number		Contact Number	
Email Address			
Address			

Please complete the new bank account information below:

Bank Name or Branch			
Bank's Address			
Bank Account Number		Swift Code	

To reset password, please tick ✓ the item below:

☐ Reset MT4 Platform Password

✳ New password will be sent to client's email within one working day after the application is completed.

_____ _____

Client's Signature or with Chop Date

For Official Use Only

Checked by	.....	Approved by	.....
Derivatives Representative's Name	.....	Call Confirmed with Client	Time: .....
Derivatives Representative's Contact Number	.....		Date: .....

Account Termination Form

To: **Golden FX Link Capital Co., Ltd.**

Tel : 023 22 6666
Email : enquiry@goldenfxlink.com

With immediate effect, I hereby request to close the account under my name maintained with your Company. Please withdraw all cash balance if any, to my following bank account:

Client's Name		MT4 Account Number	
Contact Number		Withdrawal Amount	USD
Bank Name			
Bank Address			
Bank Account Number			

Please read the following item and tick to accept ✓

☐ In view of exchange costs and related charges, I hereby agree to authorize the right of handing the balance in my trading account to your company if the remaining is less than USD 10.
(For client with less than USD 10 in the account only)

Reasons for Closing Account:

☐ Derivatives Representative has left Company by Company Resolution
☐ Commission and / or service fees are / is too high
☐ Leaving Cambodia
☐ No trading in coming future
☐ Not satisfied with the Derivatives Representative / Derivatives Representative's service
☐ Not satisfied with the Online Trading Service
☐ Other (Please specify) _____

_____ _____

Client's Signature or with Chop Date

For Official Use Only

Checked by	……	Approved by	……
Derivatives Representative's Name	……	Call Confirmed with Client	Time : ……
Derivatives Representative's Contact Number	……		Date : ……