Notice of Waiving Call Confirmation

To: **Goldwell Capital Co., Ltd.**

Tel 023 888 778
Email : enquiry@goldwellcap.com.kh

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

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

I acknowledged that Goldwell Capital Co., Ltd. can send my personal MT4 password to the following email: _____. It is not necessary for Goldwell 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. Goldwell 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.

GOLDWELL
CAPITAL

_____ _____

Client's Signature or with Chop Date

For Official Use Only

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

Authorization of Email Account Creation

To: **Goldwell Capital Co., Ltd.**

Tel 023 888 778
Email : enquiry@goldwellcap.com.kh

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

Open a trading account in Goldwell 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 Goldwell 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. Goldwell 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.

GOLDWELL
CAPITAL

_____ _____

Client's Signature or with Chop Date

For Official Use Only

Checked by	……	Approved by	……

Change of Particulars and Reset Password Application Form

To: **Goldwell Capital Co., Ltd.**

Tel : 023 888 778
Email : enquiry@goldwellcap.com.kh

Please complete the personal information below:

Client's Name			
MT4 Account No.			
ID / Passport No.		Contact No.	

With effective date _____, please change the information as follows:

Please fill in the information that would be changed:

Mobile Phone No.	
Email Address	(Use exclusively for receiving all information from Goldwell Capital Co., Ltd)

Please complete the new bank account information below:

Bank Name & Branch			
Bank Account No.		Swift code	

To reset password, please tick ✓ the item below :

☐ Reset MT4 Password

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

☐ Others :……

_____ _____

Client's Signature / with Chop Date

For Official Use Only

Approved by		Checked by	
Derivative Representative		Confirmed with Client	Time: …….....
Derivative Representative's Contact No.			Date: …….....

Withdrawal Request Form

To: **Goldwell Capital Co., Ltd.**

Tel 023 888 778
Email : enquiry@goldwellcap.com.kh

*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:
  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 Goldwell Capital Co., Ltd. for cash receive at any BIDC Branch.
  3. CANADIA Bank: Client bring the Instruction Letter from Goldwell Capital Co., Ltd. for cash receive at CANADIA Bank head office only.

I hereby request Goldwell Capital Co., Ltd. to accept the following withdrawal request. I/We understand that Goldwell 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	.....

Account Termination Form

To: **Goldwell Capital Co., Ltd.**

Tel 023 888 778
Email : enquiry@goldwellcap.com.kh

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 : ……