



CROSSWORLD SECURITIES LIMITED

ONLINE ACCESS FORM

FULL NAME: *(Surname first)*

CONTACT ADDRESS:

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E-MAIL ADDRESS:

IN-HOUSE ACCOUNT NO.:

ACCOUNT OFFICER NAME & SIGNATURE:

(The USER I.D. and PASSWORD will be forwarded to the e-mail address written above, the PASSWORD is expected to be changed after first log in)

(For official use only)

HAS THE ACCOUNT BEEN RECONCILED? State YES/NO & Sign.....

ACCOUNT BALANCE:

INTERNAL CONTROL

COMMENT.....

.....

.....

INTERNET ACCESS GRANTED IT Officer: (Sign & Date).....

(Note: A written application duly signed by client must be attached to this form)