

# Revocation of Limited Power of Attorney

The following information **must** be completed in **FULL**.

Account Number

User Name

Customer Name

Account Type

Individual  Joint  Business

**Customer Info (must match existing account application on file)**

Mailing Address

City

State/Province

Zip Code

Country

Email Address

Telephone

**Select One**

Please keep my account open and change to a self traded account

Please close my account and send funds via wire transfer (bank fee will apply)\*

\* If requesting a withdrawal, please be sure to complete the Withdrawal Form.

In connection with my foreign exchange investor account carried by City Index, I hereby revoke Limited Power of Attorney from the Designated Trader named below:

Designated Trader Info

Name

Account

The undersigned agrees that he/she understands and certifies that by revoking the Limited Power of Attorney, the Trading Agent's right to trade the account will be removed. In addition, any position(s) that may be open on the account will be closed at the current market price.

The above information must be completed in full to process this change

I/We hereby represent that the information provided by me/us is true and correct. I/We further represent that I/we will notify City Index of any material changes in writing. City Index reserves the right, but has no duty, to verify the accuracy of information provided, and to contact various sources as it deems necessary.

Primary Customer Signature

Date

Print Primary Name

Joint Customer Signature

Date

Print Joint Name

Please Fax all requests to +65 6826 9968 for processing.

Thank you for using City Index

City Index LTD  
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