

Authorization to use Funds

AvaTrade client details

3rd Party Details

Account Holders Name: _____	Full Name: _____
Passport / ID Number: _____	Passport / ID Number: _____
Signature: _____	Signature: _____
Date of signature: ____/____/ ____	Date of signature: ____/____/ ____
Account TP number: _____	Relationship between the two parties: _____

I _____ hereby give permission to _____
3rd party full name AvaTrade Client full name

to deposit my funds in his/her account at AvaTrade.

I authorize to fund this account: (choose the relevant field)

- ☐ For one time deposit only, of the following amount: _____
- ☐ For recurring deposits with no limit.

Method of payment:

☐ Credit Card no. -----

Expiration Date: ____/____

☐ Wire Transfer

Beneficiary: _____

Bank Name: _____

Bank Address (Country): _____

IBAN/Bank Account Number: _____

ABA or Swift code: _____

☐ Neteller – Email Address _____

☐ Skrill (MoneyBookers) – Email Address _____

☐ eWallet – Email Address/Phone Number (whichever one required) _____

Documents required:

- Passport copies of both people
- Utility Bill
- CC copy, front & back (first & last 4 digits must be visible)

3rd party Signature

Date of signature: ____/____/ ____