

Fax: 250-412-0252

## Dual Authorization Set Up Request

For additional users, please reprint form	n.		
Company name			
Please indicate which modules approve	als should be set to:		
Book a Forward Deal	Book a Spot Deal	Limit Order	Make a Payment
Pay from your FX Account			
Please indicate the number of approva	l levels, not including Deal Creat	tor:	
Can Payline by ICE accept a verbal app	proval in lieu of one made in the	system? Yes No	
Can Payline by ICE accept an email app	proval in lieu of one made in the	system? Yes No	
Can Payline by ICE suspend or ammend these practices temporarily in times of vacation upon verbal instructions from the signatory below?			
Yes No			
USER SET UP			
User Name			
Alternate Level	Any Level	Single Level	Level 1-10
Please choose permissions for user:			
Book Spot Deal	Book Forward Deal	Make a Payment	
Pay from your FX Account	Limit Orders		
Additional Notes:			
USER SET UP			
User Name			
Alternate Level	Any Level	Single Level	Level 1-10
Please choose permissions for user:			
Book Spot Deal	Book Forward Deal	Make a Payment	
Pay from your FX Account	Limit Orders		
Additional Notes:			
DIRECTORS AUTHORIZATION			
Business name		Director printed name	
Director's signature		Date	
	Signature Not Accepted		