



Amendment Account Application

PLEASE COMPLETE ONLY THE FIELDS WHICH NEED TO BE AMENDED

ACCOUNT NAME	ACCOUNT NUMBER
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PRIMARY ACCOUNTHOLDER INFORMATION

Legal First Name	Legal Last Name (Surname)	
Middle Name	Suffix	
Residential Address		
Building Name/Number/Floor	Suite/Apt#	City
State/Province	Country	Zip/Postal Code
Mailing Address		
P.O. Box	Country	
Country of Citizenship	Nationality	
Phone Number	Email Address	

Bank Information

Note that in accordance with ADSS's policies, ADSS can only send and receive funds from two bank accounts. Whichever accounts you list below are the only two accounts which ADSS can send and receive funds from throughout your relationship with ADSS, unless you were to close one or both of the accounts, then proof of account closure would be required to amend your bank account details

ORIGIN OF FUNDS - ACCOUNT

Accountholder's Name		
Bank Name		
Bank Address		
Account or IBAN Number	Swift Code/ABA (Routing Number)	
This account will be my:	<input type="checkbox"/> Primary Account <input type="checkbox"/> Secondary Account	
Reason for amendment (*required for all requested amendments)		



RESET INFORMATION

Please tick preferred question and write answer on the space provided.

- What is your mother's name? What is your first pet's name? What is your favorite food?

Answer: _____

Customer Acknowledgement

I, the undersigned, hereby represent that, and by signing below, the information provided on this document is true and accurate. I further represent that i will notify ADS Securities LLC ("ADSS") of any material changes to this certification in writing. ADSS reserves the right, but has no duty, to verify the accuracy of information provided.

Acknowledged By:

ACCOUNT HOLDER SIGNATURE

ACCOUNT HOLDER NAME

DATE

COMPANY NAME (IF BUSINESS ACCOUNT)

TITLE (IF BUSINESS ACCOUNT)