

Account Holder:	Account number: (filled by Dukascopy)
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V.10.02.2011

AUTHORISATION TO DISCLOSE INFORMATION TO THIRD PARTIES

I undersigned hereby instruct Dukascopy Bank SA (hereinafter “**Dukascopy**”) to inform orally or in writing and/or to deliver documents and/or to give electronic access data related to my above-mentioned account and its subaccount(s) with Dukascopy to the following person or entity (hereinafter the “**Information Addressee**”), such Information Addressee being expressly entitled to request such information or data directly from Dukascopy:

Name, Surname / Corporate Name:

Date of birth / of incorporation:

Address :

Tel. :

Fax :

e-mail :

Dukascopy may transmit my data to the Information Addressee by electronic means, using Dukascopy’s or third-party networks (including the internet). Dukascopy is also authorised to grant the Information Addressee electronic access through such networks to my data stored in Dukascopy’s own electronic systems.

The Information Addressee shall not, however, be entitled to dispose of my account, to withdraw any monies, to trade or give trading instructions related to my account, to enter into commitments of any kind on my behalf and/or for my account or to engage in any management acts.

This Authorisation to disclose information to third parties (hereinafter the “**Authorisation**”) shall not expire upon my death or my being legally declared missing and presumed dead or in the event of my incapacity to act or bankruptcy. This Authorisation shall remain valid until receipt by Dukascopy of my written original revocation of it.

This Authorisation shall be governed by Swiss law. The terms and conditions of the Marketplace Trading Agreement remain valid and apply to it. In case of discrepancy between the terms of the Marketplace Trading Agreement and this Authorisation, the terms included herein shall prevail. I **HEREBY EXPRESSLY WAIVE THE BENEFIT OF SWISS BANKING SECRECY AND RELEASE DUKASCOPY FROM ANY LIABILITY IN THAT RESPECT.**

Place and date: _____

Signature: _____
