



**\* Date**

(dd mmm yyyy)

**\* Currency**

USD or EUR

**\* Amount**

**GCI Account Information** (Details of the account that the funds will be taken from)

\* Login Username

\*Account Number

**Ordering Customer** (Your details)

\* Name

\*Street

\*Town / City

\*State / Country

\*Postal Code

\*Telephone1

\*Telephone2

\*email

**Card Details**

\* Type (eg - VISA, MasterCard, etc)

Issuing Bank Name

\* Last 4 digits of the card number

<b>* Identification Required</b> <b>Please send the following documents if not supplied already:</b>	GCI use only	
	On file	Date Recd
1. Passport copy (NOT ID CARD)		
2. copy of front and back of card (blocking out the first 12 digits if you wish)		
3. copy of a utility bill or bank statement showing the credit card billing address		

\* Will you be closing your GCI account?      YES      NO

Any comments on our service?

Authorised Customer Signature: I / We accept that this request is governed by the Accounts General Terms & Conditions of GCI Financial LLC.

**\* Place & Date**

**\* Signature**

All information provided will of course be kept CONFIDENTIAL.

Please fax the requested document(s) to any of our fax numbers available at <http://www.gcitrading.com/fax.htm>

Alternatively, you can scan and email the documents to [payments@gcitrading.com](mailto:payments@gcitrading.com)