



Pugnax FX Capital Ltd
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Pugnax FX Capital **Affiliate & Partner Pack**



AFFILIATE & PARTNER REGISTRATION FORM

Please print in BLOCK capitals

Affiliate type (please tick applicable):

Company

Personal

Company Details

Full Company Name: _____

Profession: _____

Company Website: _____

Contact Details

Title: _____ First Name: _____

Surname: _____

Position in Company: _____

Address: _____

_____ Postcode: _____

Telephone (Mobile): _____

Telephone (Office): _____ Fax: _____

Email: _____

Commission Payments

Bank: _____

Beneficiary Name: _____

Account Number: _____

Sort Code/Swift Code: _____

IBAN No. (Non UK banks): _____

Swift Code (Non UK banks): _____

Please tell us what kind of marketing material you would like to receive and if so how many of each.

Flyers

Business cards

Web link/banner

Posters

Client info brochures

Agreement

We would like to use the services of Pugnax FX Capital and confirm that the above information is correct and that any changes will be notified immediately in writing to Pugnax FX Capital.

Title: _____ Full Name: _____ Job Title: _____

Signature:

Date: ____/____/____