

Affiliate Registration

Company Name: _____

Contact Name: _____

Contact Position: _____

Company Registration Number: _____

Address: _____

Town: _____ County: _____

Postal Code: _____ Country: _____

Phone: _____ Fax: _____

Phone (2): _____

Phone (3): _____

Email: _____

Do you require a link to our website: No Yes

If so, please supply website address: _____

Agreement: We agree to refer our clients to GCEN for their currency transactions and receive a commission from the profit on every trade our clients enter into with GCEN. We agree to the GCEN's Terms & Conditions.

Signed: _____ Print Name: _____

GCEN Personal Account Manager: _____ Date: _____