**CONFIRMATION OF ACCEPTANCE**

**OF**

**FFSI ACCOUNTS SETTLEMENT POLICY**

I, [name of authorised signatory] , the undersigned, being duly authorised to sign on behalf of [name of member] , and having read and understood the terms and conditions of “The Policy”, hereby confirm acceptance of the same on behalf of [name of member] .

I fully understand that “The Policy” is to protect all “FFSI” “Network Offices” of the “Association”.

Name of Member:

Full Address :

Signature :

Typed or Printed Name of Signatory :

Title or Capacity :

Official chop mark of the “Network Office”.

Date of this confirmation and acceptance: