

Account Holder:	Account number: (filled by Dukascopy)
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V. 17.06.2011

Eligible Contract Participant Certification for US residents

I undersigned, _____ ,

hereby certify that I qualify as an Eligible Contract Participant (“ECP”) as defined under Section 1A (12) of the Commodity Exchange Act.

I agree to submit any documents required by Dukascopy Bank SA (“Dukascopy”) to demonstrate that I qualify at all times as an ECP during my business relationship with Dukascopy.

I further agree to provide written notice to Dukascopy should I cease to qualify as ECP for whatever reason, for instance in case my financial position changes substantially.

In case of doubt whether I am an ECP I will consult a qualified advisor.

I indicate hereafter the reasons of my ECP Status: _____

Place and date: _____

Signature: _____
