



Password Reset Application Form

Personal Information
Name:
Trading Account Number:
Identity card/ Passport No. :
Mobile No. :
E-mail Address:
Password Reset Reason:
Note: 1. Please attach a scanned copy of the ID card. 2. Please fill in the required information in the application form and email to web@AMBRYsun.net as an attachment.
Identity Card (Front)

Signature of Applicant: _____

Date: _____