UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK
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IN RE FOREIGN EXCHANGE   :
BENCHMARK RATES ANTITRUST   :   No. 1:13-cv-07789-LGS
LITIGATION   :
                                              :   **AMENDED DATA FILE(S)**
                                              :   **DECLARATION**
                                              :
                                              :
---x

I,_____declare:
        Name of Authorized Representative

1.   I am_____of_____
                Title of Position Held   Name of Institution/Company

located at_____.
            Address (include number and street, city, state/province, zip code, and country)

_____authorized me to file his, her, or its claim in the above-captioned action.
Name of Claimant

2.   On behalf of_____, in response to the Claims Administrator's
                        Name of Claimant

Rejection Notification, I am submitting amended trade file(s). The Claim Number corresponding to the

amended trade file(s) is_____.
                        Claim Number

3.   I acknowledge that the Claims Administrator may require that

_____provide supporting documentation verifying the trades included in the
Name of Claimant

amended trade file(s) that I am submitting.

Settlement Website: www.FXAntitrustSettlement.com
Contact us by email at Info@FXAntitrustSettlement.com or call us toll-free at
1-888-582-2289 (or 1-330-333-7253 if dialing from outside the United States and Canada)

4.   All of the information provided by_____and/or me in

                                                        Name of Claimant

connection with this claim is true and correct and that the amended data file(s), and any supporting

documentation verifying its or their contents, are true and correct copies of what they purport to be.

5.   I acknowledge that this claim belonging to_____and these

                                                        Name of Claimant

amended trade file(s) are submitted under penalty of perjury under the laws of the United States of America.

_____
Signature

_____
Print Name

_____
Date

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