



**Client Account Opening  
Application Form (for legal persons)**

## Instructions as to how to Complete the Application Form

1. Before completing this Application Form, you should make sure you have read and understood all information regarding your Client Account, including the Agreement and the product Specifications, and terms of trading.
2. Please complete all information below in this Application Form as accurately as possible in block capital letters with a black or blue pen or type.
3. Please note that we cannot accept you as a Client (under Applicable Regulations) and open a Client Account for you, unless all the required documents are properly received by us and all internal checks are duly satisfied.

### A. Client Information

Please fill in the fields below as appropriate.

1. Corporate legal name:

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2. Trading name (if any):

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3. Form of incorporation:

Public Company     Private Company     Other (please specify)

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4. Nature of business/business activities

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5. Tax Identification Number (TIN)

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If TIN is not applicable, Please select the reason:

- The country/Jurisdiction where I am resident does not issue TINs for its residents.
- I am otherwise unable to obtain a TIN or equivalent number.
- No TIN is required (Note: Only select this reason if the domestic law of the relevant jurisdiction does not require the TIN to be disclosed).

Other: (Please explain)

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6. Are you authorized to perform any regulated service/activity?

Yes       No

If your answer is 'yes' please state the authorized service/activity, competent or supervisory authority, license number and country of relevant authorisation.

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7. Registration/Incorporation details

<b>Registration/Incorporation number:</b>	<b>Registration/Incorporation country:</b>
<b>Registration/Incorporation date:</b>	<b>Name of registrar/relevant authority:</b>

8. Contact details

8.1. Office address

<b>Full address:</b>	<b>Postal:</b>
<b>City:</b>	<b>Country:</b>
<b>Telephone:</b>	<b>Website (if any):</b>
<b>Fax:</b>	<b>Email (If any):</b>

8.2.

<b>Correspondence address (if different):</b>

9. Number of Employees

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10. Number of Employees

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## B. Information Regarding Beneficial Owners and Directors

- For each Beneficial Owners of the Client please provide us with the following details (for more than one Beneficial Owner kindly request to be provided with additional forms)

<b>Full name:</b>
<b>Telephone number, Fax number, Email (if any)</b>
<b>Permanent address (including post code and country)</b>
<b>Politically exposed persons Please state if you hold or held during the last twelve months any public position(s):</b>
<b>Please state if you have any relationship (e.g. relative, associate) with a person who holds or held during the last twelve months any public position(s):</b>

Tax Identification Number (TIN)

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If TIN is not applicable, Please select the reason:

- The country/Jurisdiction where I am resident does not issue TINs for its residents.
- I am otherwise unable to obtain a TIN or equivalent number.
- No TIN is required (Note: Only select this reason if the domestic law of the relevant jurisdiction does not require the TIN to be disclosed.
- Other: (Please explain)

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2. For each Director of the Client please provide us with the following details (for more than one Director kindly request to be provided with additional forms)

<b>Full name:</b>
<b>Telephone number, Fax number, Email (if any)</b>
<b>Permanent address (including post code and country)</b>

<b>Politically exposed persons Please state if you hold or held during the last twelve months any public position(s):</b>
<b>Please state if you have any relationship (e.g. relative, associate) with a person who holds or held during the last twelve months any public position(s):</b>

## C. Authorised Representative(s)

For more than one Representative person kindly request to be provided with additional forms.

1. Title (Mr,Ms):

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2. Full name:

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3. Nationality:

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4. Passport number:

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5. Place and date of birth:

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6. Country of residence:

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7. Contact Details:

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## 7.1. Permanent address

<b>Full address:</b>	
<b>Postal code</b>	
<b>Capacity (e.g. Director, authorized Representative to open the account, authorized Representative to operate the account etc):</b>	
<b>City:</b>	<b>Country:</b>
<b>Telephone:</b>	<b>Mobile Telephone:</b>
<b>Fax:</b>	<b>Email (If any):</b>
<b>Correspondence address (if different)</b>	

## 8. Professional and educational background

Profession	Name of employer/organization or own business
Other occupation(s):	Educational background:

## 9. Politically Exposed Persons

Please state if you hold or held during the last twelve months any public position(s):
Please state if you have any relationship (e.g. relative, associate) with a person who holds or held during the last twelve months any public position(s):

## D. Financial Information

### 1. Financial profile

Total Assets
Previous Year Profits/Losses
Liabilities



**2. How do you expect to credit/fund your account?**

- Bank Wire
- Electronic Card
- Check deposit

<b>Please provide us with further details of your expected origin of funds (e.g. name of institution/bank/money transfer company and country of origin):</b>
<b>IBAN/Account number</b>
<b>Please provide us with details of the source of funds (e.g. profits from business, loan, income/profits from investments, intellectual property rights etc):</b>

## E. Information Regarding the Services and Trading Account

**1. Please choose the service(s) envisaged:**

- CFD trading in Currency pairs (FX)
- CFD trading in Precious Metals
- CFD trading in Futures
- CFD trading in Commodities
- CFD trading in Forwards

**2. Please choose the service(s) envisaged:**

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**3. Please state the purpose and reason for requesting the envisaged service(s) (e.g. hedging, speculation):**

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## F. Knowledge & Experience

**Kindly note that the following are directly addressed to the authorized Representative.**

1. Do you have trading experience?

Yes  No

2. How would you describe your overall investment experience?

None  Limited  Medium  Good  Extensive

3. Please specify your trading experience in the following products if and where applicable

	Shares & Bonds	OTC Derivatives (FX, CFDs, Commodities)	Exchange traded Derivatives (Options, Futures...)	Other investments (Funds, Real Estate, Structured Products)
None				
Less than 1 year				
1 to 3 years				
More than 3 years				

4. How would you describe your risk tolerance / risk appetite (please explain)?

Low  Medium  High

5. What is your investment objective?

Hedging  Income  Investment  Managed Risk  Speculation

## G. Provision of Information

Please choose the preferred method of receiving information from the Company:

\*Electronically (Website/Email)

Papers

\* To be able to receive information electronically kindly note that an email address must be provided in Section A7.1 above. Further, kindly note that some information provided through our website may not be addresses personally to you. Kindly confirm that you accept this by ticking the box

**MANDATORY:**

I declare that I have read and understood this Risk Disclosure Statement above and of the Agreement:

Name		Name	
Signature		Signature	
Date		Date	

## H. Signature and Consents

**MANDATORY:**

**1. I declare and confirm by my signature below:**

- To have read, understood and agreed with the Agreement and the product Specifications and their contents.
- That all information disclosed above is complete, true and accurate and I agree to promptly notify the Company of any changes in this information or it ceases to be true and accurate.
- That the documents handed over by me are valid and authentic.
- The amount to invest in the Trading Account and the type of Financial Instrument was chosen by me taking into account my total financial circumstances into consideration and are considered reasonable under these circumstances.
- I am acting as a principal on my own behalf and not as agent or representative or trustee or custodian on behalf of someone else.
- The funds I will use with the Company are not in any direct or indirect way the proceeds of any illegal activity or used or intended to be used for terrorist financing.

Name	
Signature	
Date	

Name	
Signature	
Date	

[Company Seal]

## I. List of Required Documents

- Certificate of incorporation.
- Certificate of registered office.
- Certificate of directors and secretary.
- Certificate of shareholders
- Memorandum and articles of association.
- Resolution of the Board of Directors of the Client for the opening of the account and granting authority to those who will operate it.
- Proof of Residence for the company

**For each Director of the Client, as per the certificate of Directors, the following documents are required:**

- Copy of Passport
- Copy of Driving License or National Identity Card

**For each Beneficial Owner of the Client the following documents are required:**

- Copy of Passport
- Copy of Driving License or National Identity Card

**For each Beneficial Owner of the Client the following documents are required:**

- A legalized or apostilled document – authorizing the Representative person (if different than any of the Directors) to act on behalf of the Client.
- Copy of Passport
- Copy of Driving License or National Identity Card