

Customer Application Form Please ensure that the form is completely filled and duly signed.

1. DETAILS			Knowledge and under	rstanding:			
Name of Company / Individual:				None	Fair	Good	Excellent
Registered Address / Personal Addres	ss:		Securities / Equities				
			Futures				
Business (mailing) Address:			Options				
Nationality: Date	of Birth:		Currencies				
Date of Incorporation:		How many years have you traded on above ?					
Occupation:							
2. CONTACT DETAILS	Who was/were your broker(s) within the last 5 years?						
			D d d		l 4la a mialea	i	
Telephone (office hours): Telephone (after office hours):			Do you understand margin trading and the risks involved in margin trading?				
Office Number:			Yes	No			
	What are your trading	What are your trading objectives ?					
Email Address:			To achieve speculative gains				
3. SOURCE OF FUNDS			For hedging purposes				
Source of funds being used to open the	For capital growth over the medium to long term						
Salary Savings Profits			For income				
Details if any: (eg. Industry, Sector, Activity)			Risk Tolerance	Low Med	ium	High	
			Size of transactions?	(please specify o	currency)		
Approximate Net Worth:							
Up to \$50,000 \$50,000 to \$250,000 Over \$250,000			Frequency of transactions per month?				
			Investment Objectives (Pick at least one)				
4. WHAT IS YOUR TRADING EXPER	IIENCE ?		Growth	Income			
In which of the following instruments haded	nas the company	previously	Hedging	Specula	ation		
Securities / Equities Commodities and Metals		5. Employment and Income					
Futures Currencies		What is your employment Status:					
Interest Rates / Bonds Options and Warrants		What position do you hold:					
Stock of publicly traded companies			Which Industry do you work in:				
If other, please specify:			Your highest education	on level:			
			Approximate Annual	Income:			
Frequency of Trading Daily	Weekly	Monthly	Up to \$50,000	\$50,000 to \$2	250,000	Over	\$250,000



Bankers Name: How did you hear about us? Referral (word of mouth) Bankers Address: Introducing Broker Referral (word of mouth) Country' Existing Client Google	6. BANKING DETAILS	;	7. REFERRAL DETAILS					
Country: Existing Client Coogle Full Account Name: Yahoo MSN Account Number: LIFFE Radio / TV Sort Code: If other please specify: Swift Code: BA (US Based): Are you a politically exposed person? Yes No POWER OF ATTORNEY Power of Individual person, and appoint the under mentioned per	Bankers Name:		How did you hear about us ?					
Full Account Number: Support Code: If other please specify:	Bankers Address:		Introducing Broker	Referral (word of mouth)				
Account Number: LIFE Radio / TV Sort Code: If defer please specify: Swift Code: BOUTICALLY EXPOSED PERSON DECLARATION IBA (US Based): Are you a politically exposed person ? Yes No IBAN: If "Yes" please fill up appendix PEP form. PARE you appendix PEP form. S. POWER OF ATTORNEY We authorize to accept any and all instructions, from the under mentioned person, and appoint the under mentioned person as my/our agent and attorney to buy and sell securities and any other investment transactions for my/our account and risks and in my/our name. If we hereby agree to indemnify and hold by ou! "Inhamities from and to pay you promptly on demand any and all inserted constitutions, and liabilities arising therefrom. Name of Individual that you are Authorizing: Address: Identity Details (Passport Number, ID Card, Driving License Number – please specify Identifier type): Telephone Number: Email Address: 10. DECLARATIONS Please ensure that the form is completely filled and duly signed. I hereby represent and warrant that: (a) I have read and understood the Risk Warnings in the Terms of Business and confirm that I understand the nature and risks of equities, CFDs, spot. margin and forward forex, futures, options trading and other securities. (b) The information provided by me in this form is true and accurate and I will promptly notify you in writing, within 14 days, if any of the representations materially change or cease to be true and accurate. (c) I have read and understood and hereby confirm I am legally bound by the Terms of Business which this Form and the relevant Terms of Business to total loss and that derivatives and leveraged instruments such as fx can result to total loss of funds as well as an additional liability in case of any deficit. (e) I confirm that I am aware that I all trades and investments carry the risk of total loss and that derivatives and leveraged instruments such as fx can result to total loss of funds as well as an additional liability in case of any deficit.	Country:		Existing Client	Google				
Sort Code: Swift Code Signature Specific Code: Signature Specific C	Full Account Name:		Yahoo	MSN				
Swift Code 8. POLITICALLY EXPOSED PERSON DECLARATION Are you a politically exposed person? Yes No IBAN: 9. POWER OF ATTORNEY Ive authorize 10 accept any and all instructions, from the under mentioned person, and appoint the under mentioned person as myour agent and attorney to buy and sell securities and any other investment transactions for my/our account and risks and in my/our name. Ive hereby agree to indemnify and hold you (" ") harmless from and to pay you promptly on demand any and all iosses, costs, indebtedness, and liabilities arising therefrom. Name of Individual that you are Authorizing: Address: Identity Details (Passport Number, ID Card, Driving License Number – please specify Identifier type): Telephone Number: Email Address: 10. DECLARATIONS Please ensure that the form is completely filled and duly signed. I hereby represent and warrant that: (a) I have read and understood the Risk Warnings in the Terms of Business and confirm that I understand the nature and risks of equities, CFDs, spot, marrain and forward fores, futures, opitions trading and other securities. (b) The information provided by me in this form is true and accurate and I will promptly notify you in writing, within 14 days, if any of the representations materially change or cease to be true and accurate. (c) I have read and understood and hereby confirm I am legally bound by the Terms of Business which this Form and the relevant Terms of Business together shall constitute one and the same instrument (d) I confirm that I am aware at I man are additional liability in case of any deficit. (e) I confirm that I am aware at I remain responsible for all costs, debts, obligations and liabilities that arise from the actions and instructions of the agents and attorneys nominated above in (7). I declare that the information provided is true and correct. By checking this box, I acknowledge that my electronic consent is legally equivalent to my signature:	Account Number:		LIFFE	Radio / TV				
IBAN: Are you a politically exposed person? Yes No IBAN: POWER OF ATTORNEY I/Yes* please fill up appendix PEP form. I/Yes* please fill up appendix PEP form. Power of ATTORNEY I/Yes* please fill up appendix PEP form. I/Yes* please fill up appendix person and appendix person appendix person and instructions of equities. I/Yes* please fill up appendix person and appendix person appendix person and file person and appendix person appendix pers	Sort Code:		If other please specify:	If other please specify:				
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Name:Date:Date:Date:		•	ect. By checking this box, I acknowledge that my electro	onic consent is legally equivalent				
	Name:	Date:	Name:	Date:				

PLEASE GIVE THE SIGNED AND COMPLETED FORM, TOGETHER WITH THE DOCUMENTS LISTED BELOW, VIA EMAIL _____



You will need to send this form together with a certified copy of the documents below:

CORPORATE:

- Certificate of Incorporation
- Constitution or Memorandum and articles of Association
- · Last audited financial accounts
- · Register of shareholders
- · Register of Directors
- Proof of Registered Address
- Proof of Trading Address
- · Verification of TWO Directors (Passport / ID card / Driving Licence AND utility bill / bank statement etc for EACH)
- · Signing and authorization mandate for Officers approved to act on the account (template available if required)
- ID for any such Officers (Passport & Utility Bill)
- ID for all Beneficiaries / Beneficial Owners (Passport & Utility Bill)
- · Certificate of Good Standing

INDIVIDUALS:

- ID (Passport / Driving License)
- Utility Bill (< 3 months old)