

COMPANY'S LOGO

Account Opening Application Form (LEGAL ENTITY)

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 applicable Terms, Agreements and Policies (available at xxx).
- 2. Please submit this Application form together with all required documentation enlisted in Appendix B by emailing them at xxx.
- 3. Please note that we cannot accept you as a client unless all the documents required are properly received by us and all internal checks are duly satisfied.
- 4. For any questions regarding this Application Form or the Agreement you may contact us at xxx.

Commented [NX1]: The below can be implemented also via an automated system (CRM) and information can be requested during the onboarding stage (client registration) online instead of being sent via email.

You can use the information below and implement them, as per the Company's operational model.

Commented [NX2]: Please complete accordingly

Commented [NX3]: Please complete accordingly

Commented [NX4]: Please complete accordingly

A. Applicant's Information

* Corporate name	
* Trade name (if any)	
*Registration Number	
* Tax country	
* Tax Identification number	
* Do you have a United States Taxpayer Identification Number? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, to provide the relevant W forms.	
* E-mail Note: Only 1 email address is allowed per client	
* Telephone	
*Website (if applicable)	
* Form of incorporation	<input type="checkbox"/> Public company <input type="checkbox"/> Private company <input type="checkbox"/> Other (please specify)

Commented [NX5]: This is required to be obtained for FATCA/CRS purposes.

In case the client does not provide same, he/she should not be able to proceed with the next step forward.

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* Nature of business /
business activities:

- Financial Services
- Legal Services
- Accounting Services
- IT
- Government Activities
- Computers and/or Mathematics
- Education
- Engineering and/or Construction
- Other

• If "other" please indicate the Nature of business / business activities:

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Address Details

* City / Town

* Street Number

* Registered Address

* Postal/Zip code
Note: same as the one
displayed on your
supporting documents.

• Correspondence (business) address (if different):

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B. Information Regarding Directors and Ultimate Beneficial Owners

- i. For each natural person Director please provide us with the following details (in case of more than four Directors kindly request to be provided with additional forms). For Directors who are legal entities please fill in only the 'Name', 'Permanent Address', 'Post Code', 'City & Country' 'Telephone Number' and 'E-Mail' fields.

1.

* Full name	
* Telephone number:	
* E-mail:	
* Permanent address:	
* Profession:	
* Are you a US citizen for tax purposes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tax Identification Number	
* Are you a Politically exposed persons (Appendix C)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

2.

* Full name	
* Telephone number:	
* E-mail:	
* Permanent address:	
* Profession:	
* Are you a US citizen for tax purposes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tax Identification Number	

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* Are you a Politically exposed persons (Appendix C)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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3.

* Full name	
* Telephone number:	
* E-mail:	
* Permanent address:	
* Profession:	
* Are you a US citizen for tax purposes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tax Identification Number	
* Are you a Politically exposed persons (Appendix C)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

4.

* Full name	
* Telephone number:	
* E-mail:	
* Permanent address:	
* Profession:	
* Are you a US citizen for tax purposes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tax Identification Number	
* Are you a Politically exposed persons (Appendix C)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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ii. For each natural person or/and legal entity who is a registered shareholder or an Ultimate Beneficial Owner please provide us with the following details (in case of more than four (4) registered shareholders/ultimate beneficial owners kindly request to be provided with additional forms).

1.

* Full name	
* Telephone number:	
* E-mail:	
* Permanent address:	
* Profession:	
* Tax Identification Number (TIN):	
* Are you a US citizen for tax purposes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
* Are you a Politically exposed persons (Appendix C)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
* Percentage of total holding (direct and indirect)	

Commented [NX6]: This is required to be obtained for FATCA/CRS purposes.
In case the client does not provide same, he/she should not be able to proceed with the next step forward.

2.

* Full name	
* Telephone number:	
* E-mail:	
* Permanent address:	
* Profession:	
* Tax Identification Number (TIN):	
* Are you a US citizen for tax purposes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
* Are you a Politically exposed persons (Appendix C)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
* Percentage of total holding (direct and indirect)	

Commented [NX7]: This is required to be obtained for FATCA/CRS purposes.
In case the client does not provide same, he/she should not be able to proceed with the next step forward.

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3.

* Full name	
* Telephone number:	
* E-mail:	
* Permanent address:	
* Profession:	
* Tax Identification Number (TIN):	
* Are you a US citizen for tax purposes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
* Are you a Politically exposed persons (Appendix C)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
* Percentage of total holding (direct and indirect)	

Commented [NX8]: This is required to be obtained for FATCA/CRS purposes.
In case the client does not provide same, he/she should not be able to proceed with the next step forward.

4.

* Full name	
* Telephone number:	
* E-mail:	
* Permanent address:	
* Profession:	
* Tax Identification Number (TIN):	
* Are you a US citizen for tax purposes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
* Are you a Politically exposed persons (Appendix C)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
* Percentage of total holding (direct and indirect)	

Commented [NX9]: This is required to be obtained for FATCA/CRS purposes.
In case the client does not provide same, he/she should not be able to proceed with the next step forward.

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C. Authorised Representative

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

You may use the Sample Board of Director Resolution (Appendix A) and Special Power of Attorney to verify the appointment of the Authorised Representative.

* Full name:	
* Telephone number:	
* E-mail:	
* Permanent address:	
* Nationality:	
* Passport number/national ID card number:	
* Place and date of birth:	
* Capacity (e.g. Director, authorized Representative to open/operate the account etc):	
* Are you a Politically exposed persons (Appendix C):	

D. Company Financial Information

* Total Assets:	
* Liabilities:	
* Previous Year Profits/Losses:	
* Balance sheet total of at least EUR 20,000,000	<input type="checkbox"/> Yes <input type="checkbox"/> No
* Net turnover of at least EUR 40,000,000	<input type="checkbox"/> Yes <input type="checkbox"/> No
* Own funds of at least EUR 2,000,000	<input type="checkbox"/> Yes <input type="checkbox"/> No
Source of funds	

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Names of Directors	
Names of Shareholders and their respective percentage holding	

E. Account Details and Investor Information

* Trading Platform Type	<input type="checkbox"/> MT5 (Forex, CFDs on Equity Indices, Commodities) <input type="checkbox"/> MT4 (Forex, CFDs on Equity Indices, Commodities)
* Account Type	<input type="checkbox"/> All In One (Minimum deposit \$1000) <input type="checkbox"/> Raw Spread (Minimum deposit \$5000)
* What is the amount that you expect to deposit in the next 12 months? (USD)	<input type="checkbox"/> 0 – 20,000 <input type="checkbox"/> 20,001 – 50,000 <input type="checkbox"/> 50,001 – 250,000 <input type="checkbox"/> 250,001 – 500,000 <input type="checkbox"/> 500,001 – 1,000,000 <input type="checkbox"/> More than 1,000,000
* Intended Purpose and Nature of Transactions	<input type="checkbox"/> Speculative <input type="checkbox"/> Hedging <input type="checkbox"/> Investment <input type="checkbox"/> Risk Management <input type="checkbox"/> Diversification

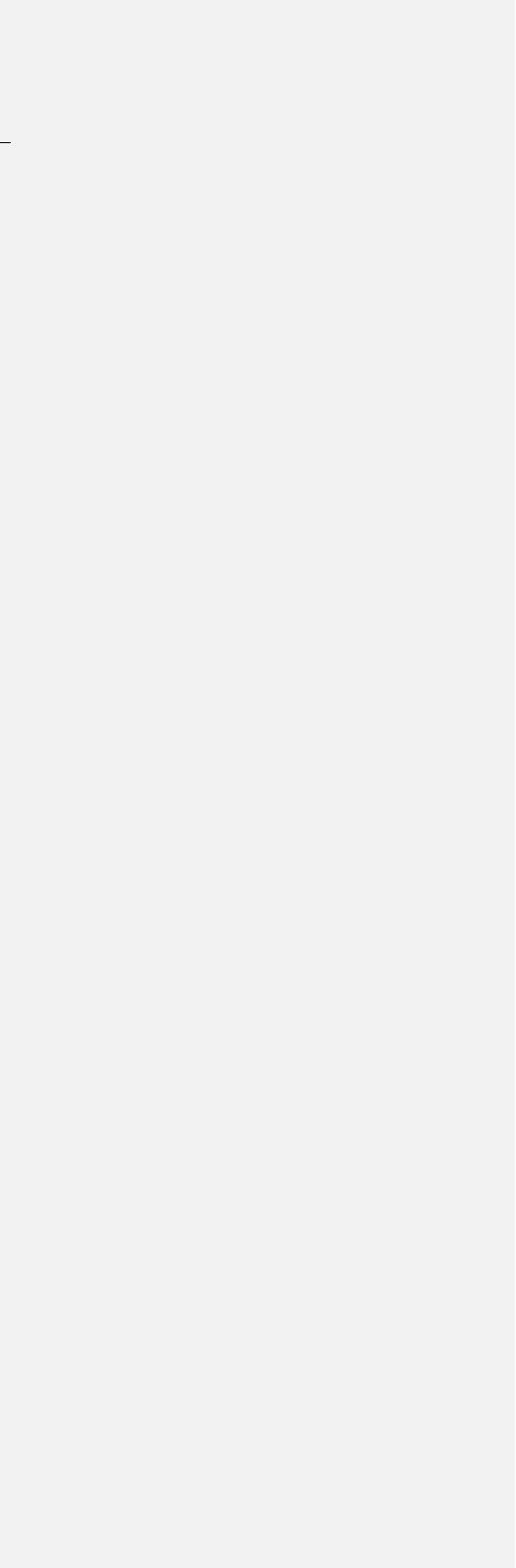
F. Trading Knowledge & Experience

* Professional experience of the authorized trader or qualifications which would assist your understanding of our services	<input type="checkbox"/> Recent work experience in a financial institution <input type="checkbox"/> A relevant professional qualification and / education <input type="checkbox"/> Both of the above <input type="checkbox"/> None of the above
* How many times have you personally traded in over-the-counter (OTC) derivatives (i.e. contracts for differences, rolling spot forex) over the past three years?	<input type="checkbox"/> More than 25 times <input type="checkbox"/> 10 to 25 times <input type="checkbox"/> Less than 10 times <input type="checkbox"/> Never

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*Do you understand that trading on CFDs carries significant risk of loss?

- Yes
- No



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G. Anti-Money Laundering (AML) Questionnaire

In order for our Company to ascertain and ensure that its relationships with the corresponding parties contain the necessary policies, procedures and controls in place in order to safeguard against money laundering activities. Our Company requires your Company to complete this Questionnaire accurately in order for application approval to take place effectively. Moreover, we require that your Company informs us without delay of any changes affecting your AML assessment and Customer Identification Program (KYC).

		YES	NO
1.	What are your intentions behind entering within this business relationship with the Company? Check all that apply. a. Corporate Funds (Proprietary Activity)? b. Shareholders' Funds?		
2.	Is your Company supervised or regulated by any National Competent Authority, Government Agency, or a Self-Regulatory Organisation? a. Regulator's Name: 1. 2. b. Place of Registration: c. Licence/ Regulatory ID Number:		
3.	Do you have an AML Officer who implements, applies and oversees your Company's AML program, activities and policies? a. Full Name: b. Title: c. Email:		
4.	Do you have AML policies and procedures which include at a minimum: a. Internal Policies/ Measures for the prevention of money-laundering and terrorist activity? b. The identification of the true identity of all customers prior to establishing a business relationship? c. The identification, verification, and screening of beneficial owners of funds?		

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	d. Do you maintain client account records for the time-period required by your jurisdiction(s)?		
5.	Does the Senior Management/ Board of Directors supervise AML program?		
6.	Is your KYC (Know your customer)/ CIP (Customer Identification Program) designed on a risk-based approach requiring enhanced due-diligence at the appropriate risk level for countries / territories and special customer groups such as politically exposed persons?		
7.	Does your company regularly conduct screenings, either manually or systematically, to identify and block transactions and accounts on behalf of persons or entities identifies as prohibited parties?		
8.	Are you able to confirm that you do not maintain branches, subsidiaries, or correspondent accounts in jurisdictions where financial situation secrecy laws prevent the reporting of customer information or suspicious transactional activity to the parent company?		
9.	Is the adequacy of your AML policies and procedures audited and documented by qualified individuals who do not have vested interested in the anti-money laundering (AML) program? a. By Internal Audit (Frequency): <input type="radio"/> at least annually b. By External Audit (Frequency): <input type="radio"/> at least annually		
10.	Do you certify, and will you be certifying on an annual basis, that you have implemented and continuously perform the specified requirements of your Anti-Money Laundering (AML) Program and Customer Identification Program (CIP)?		

I hereby confirm that I am authorised to complete the AML Questionnaire and I affirm that the above given statements are true and correct. All the exceptions to the questions / assertions above have been separately and fully identified in writing as part of this questionnaire.

Name

Signature

H. Signature and Consents

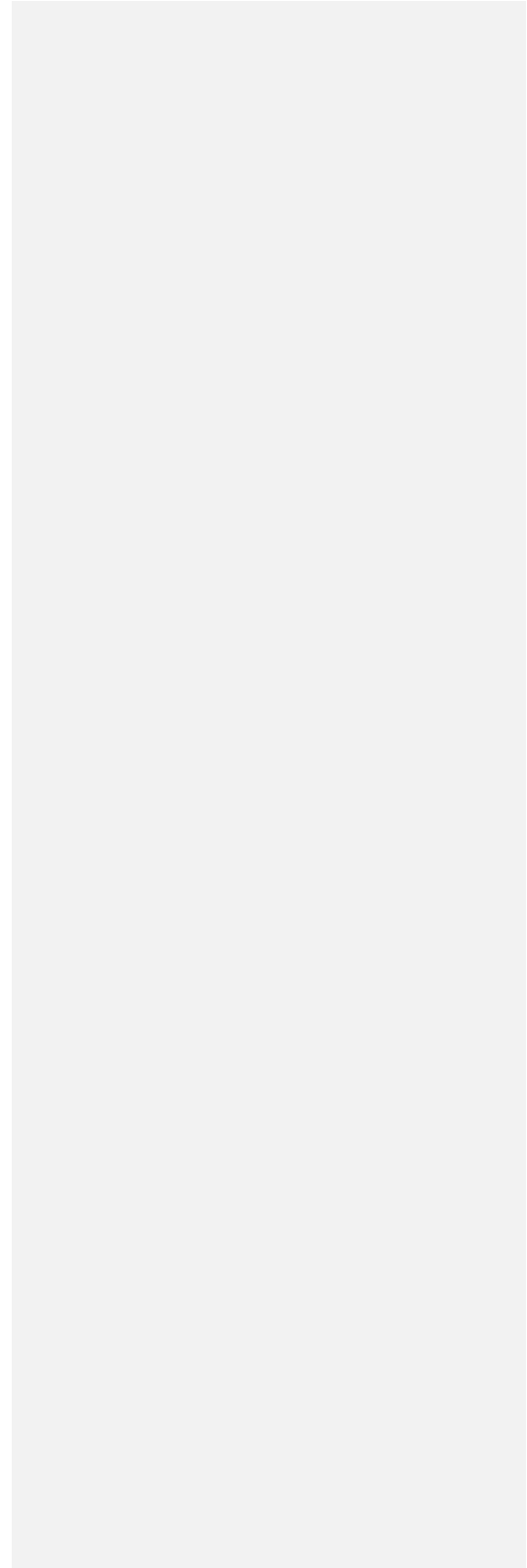
- I declare that I have carefully read, accept, and fully understood the entire content of the Terms and Conditions, Order Execution Policy, Risk Disclosure, Conflicts of Interest Policy, Privacy Policy, and any other legal documentation.

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- I have approached the Company on my own exclusive initiative, and I authorize the Company and/or any of the Company's representatives to contact me by phone or email.

Name

Signature



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**APPENDIX A
Board Resolution**

I certify that the following resolutions were adopted at a meeting of the directors of held on at which a quorum was present at all times and that no action has been taken to rescind or amend any of the resolutions are now in full force and effect.

It was resolved:

1. To establish and maintain an Account(s) with xxxx ("the Company") in the name of the Company for the purpose of investing in or otherwise acquiring and selling, holding or otherwise dealing in Futures, Options, contracts for differences, spot or forward contracts of any kind in relation to any commodity, metal, financial instrument (including any security), currency, interest rate, index or any combination thereof.
2. To execute, deliver and perform the Company's Terms in the form thereof and any other agreements or documents to be delivered therewith and to authorise any one of the persons named as authorised personnel of the Company to execute and deliver the above on behalf of the Company.
3. That anyone director of the Company from time to time be authorised and directed to certify to the Company a true copy of these resolutions and if so, required by the Company, to certify to the Company specimen signatures of persons authorised in accordance with the resolution contained in paragraph 2 above.
4. That anyone director of the Company or anyone as per the list of authorized signatories as per attached annexure shall be duly authorized to liaise and instruct the Company with regard to the above.
5. To take all action necessary to give full effect to this resolution.

Commented [NX10]: Pls complete

Signed(Chairman of meeting)

Date / /

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APPENDIX B

Initial List of Required Documents

To be provided with signed Application form:

1. Certified true copy of Certificate of Incorporation
2. Certified true copy Articles of Association/memorandum
3. Certified true copies of documents confirming the Company's ownership structure: Certificate/Register of Directors, Certificate/Register of Shareholders and Certificate of Registered Office – if these certificates are not available, please provide Certificate of Incumbency (including number of issued shares, registered address and all directors, list of authorized signatories and shareholders)
4. Proof of identity for directors and shareholders: Copies of passports or national identity cards.
5. Proof of address for directors and shareholders: copies of the utility bill or bank statement issued not more than 6 months ago.
6. Certificate of good or current standing or official verification on the website of the Registrar of Companies in the jurisdiction where the Company is incorporated
7. An original Board Resolution of the Company to open an account with the Company printed and signed on company's letterhead and confirmation of the list of individuals duly authorized to liaise on behalf of the Company.
8. Identification and verification of senior management official (The senior managing official need to be identified when the natural person who ultimately has controlling ownership interest in the company cannot be identified) of the Company: Original or certified true copy of CDD documents on the senior managing official.
9. Evidence of source of funds (you can apply this for a specific threshold e.g. investment amount of USD10,000 or more) – this needs to be clearly depicted in your AML policies.

We realize that some of the above documents may not exist in some jurisdictions. In those cases, please send the best local equivalent.

The Company reserves the right to request additional information and documentation, including source of wealth, as part of its onboarding process and prior to accepting the Client.

APPENDIX C

1. POLITICALLY EXPOSED PERSON

As per Section 2 of FIAMLR 2018,

“politically exposed person” or “PEP” –

(a) means a foreign PEP, a domestic PEP and an international organisation PEP; and

(b) for the purposes of this definition –

“domestic PEP” means a natural person who is or has been entrusted domestically with prominent public functions in Mauritius and includes the Head of State and of government, senior politicians, senior government, judicial or military officials, senior executives of state owned corporations, important political party officials and such other person or category of persons as may be specified by a supervisory authority or regulatory body after consultation with the National Committee;

“foreign PEPs” means a natural person who is or has been entrusted with prominent public functions by a foreign country, including Heads of State or of government, senior politicians, senior government, judicial or military officials, senior executives of state owned corporations, important political party officials and such other person or category of persons as may be specified by a supervisory authority or regulatory body after consultation with the National Committee;

“international organisation PEP” means a person who is or has been entrusted with a prominent function by an international organisation and includes members of senior management or individuals who have been entrusted with equivalent functions, including directors, deputy directors and members of the board or equivalent functions and such other person or category of persons as may be specified by a supervisory authority or regulatory body after consultation with the National Committee”.

A PEP is an individual who is or has been entrusted with a prominent public function such as:

- heads of state;
- heads of government;
- ministers and deputy or assistance ministers;
- members of parliament;
- influential functionaries in nationalised industries and government administration;
- judges and senior magistrates;
- senior political party functionaries;
- senior and/or influential officials, functionaries and military leaders and people with similar functions in international or super national organisations;
- members of ruling royal families;

The definition of PEP also includes:

- ‘Close associates’, i.e.:
- (a) individuals who are closely connected to a PEP, either socially or professionally; and

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(b) includes any other person as may be specified by a supervisory authority or regulatory body after consultation with the National Committee.

- 'Family members'; i.e.:

(a) individuals who are related to a PEP either directly through consanguinity, or through marriage or similar civil forms of partnership: and

(b) includes any other person as may be specified by a supervisory authority or regulatory body after consultation with the National Committee.