

CORPORATE ACCOUNT APPLICATION

Please send the completed form via e-mail to applications@blackwellglobal.com

A certified translation may be required if any documents and/or data entered in this form are in language other than English. Please note also that certified documents may be required for non EEA applications or in any circumstance that we consider appropriate.

INITIAL LIST OF REQUIRED DOCUMENTS

1. **PROOF OF IDENTITY (POI) (for all directors, beneficial owners, shareholders, authorised signatories and authorised representatives)**
 - The copy must be fully legible
 - The copy must be in colour
 - The copy must carry a clear and identifiable photograph
 - The copy must carry a signature which is the same signature in this form's declaration

2. **PROOF OF RESIDENCE (POR) (for all directors, beneficial owners, shareholders, authorised signatories and authorised representatives). Original copy of your bank statement/utility bill (mobile bills are not accepted)**
 - The copy must be in colour
 - The copy must be issued in your name
 - The copy must contain your registered address
 - The copy must be issued in the last 6 months
 - The copy cannot be the same as provided for in proof of identity

3. **CORPORATE DOCUMENTATION (Applicable also to each to legal entity registered as shareholder)**
 - Memorandum and Articles of Association
 - Certificate of Incorporation
 - Certificate of Shareholders (or Official Document listing the Shareholders) issued/certified in the last 3 months.
 - Certificate of Directors (or Official Document listing the Directors) issued/certified in the last 3 months.
 - Certificate of Good Standing (issued by the Registrar of Companies in which jurisdiction the Company is incorporated to ensure existence and continuity of the Company) – if company is more than a year old, issued/certified in the last 3 months.
 - Latest Annual Returns
 - Certificate of Incumbency (issued/certified in the last 3 months) – replacing certificate of shareholders and directors
 - Corporate Structure Chart
 - Proof of Address for the Company (issued in the last 3 months) – recent bank statement /utility bill/ local tax bill
 - Notice of changes to address, name or directors (if applicable)

Important Note: please ensure providing us with a LEI number within the application process. The absence of LEI will result on your account being restricted from trading.

Please make sure that you have read and understood all the information regarding Blackwell Global's Corporate Trading Account and its Terms of Business before completing this form.

Please fill in your information as clearly and accurately as possible in BLOCK CAPITALS.

1. ACCOUNT DETAILS

Account Base Currency USD GBP EUR

Estimated Initial Deposit Amount

2. CORPORATE DETAILS

Company Name

Date of Incorporation Country of incorporation

Company Registration No. LEI No.

Company Website

Main Business Activity(ies)

Registered Address

City State Postal Code

Registrar of Companies link

Business Operating Address (if different from above)

City

State

Postal Code

Business Phone No.

Email address (this will be the primary method used to contact you)

Is this Company regulated/licensed? Yes No

If yes, please state the Regulatory Body and License No.

Is this Company Part of a Group? Yes No

If yes, please state the Group's Country of Incorporation

3. PURPOSE OF ESTABLISHING A BUSINESS RELATIONSHIP

Hedging Diversification Proprietary trading Speculation

Other

4. CORPORATE BANK ACCOUNT DETAILS

Bank Name

Bank Address

Bank Account Holder's Name

Bank Account No/IBAN.

SWIFT Code/ABA/SORT CODE

5. FINANCIAL DETAILS

Please Select, if Applicable

Balance Sheet > €20,000,000

Net Turnover > €40,000,000

Own Funds > € 2,000,000

Approximate Net Worth of Your Financial Instrument Portfolio (in the denomination of your selected base currency)

Less than \$ 100,000 \$100,001 to \$300,000 \$300,001 to \$500,000 \$500,000 to \$700,000

\$700,001 to \$1,000,000 Above \$1,000,000

Source of funds

Profits from Business Profits from investments Loan Other(please specify)

Shareholders own wealth (please specify)

6. TRADING EXPERIENCE (COMPANY ASSESMENT)

To help us assess the Company's trading knowledge and experience, please check the appropriate boxes.

	No experience	Less than 1 year of experience	1 to 3 years of experience	More than 3 year of experience
FOREX				
CFDs				
Shares				
Futures / Options				
Bonds				

If the Company has experience trading any of the products above, please answer the following questions:

What is the approximate number of trades performed per quarter?

Less than 10
 10 to 30
 31 to 45
 46 to 60
 Above 60

What is the approximate lot size of each trade performed?

Less than 1 lot
 1 to 5 lots
 6 to 10 lots
 Over 10 lots

Anticipated monthly volume turnover (lots):

Less than 1 lot
 1 - 5 lots
 6 - 10 lots
 10 - 50 lots
 50 - 100 lots
 More than 100lots

7. TRADING EXPERIENCE (Individual responsible for trading in the account)

Fitness test - Kindly note that the Fitness Test should be undertaken by Clients who wish to be treated as Professional, as per the Client Classification information contained in our Legal Documents. This is directly addressed to the Authorised Representative to operate in the account.

1. Did you carry out transactions in significant size on a relevant financial market at an average of ten (10) transactions per quarter over the previous four (4) quarters?

Yes No
 Type of Financial Instruments

Size of the transactions

2. Does the size of your portfolio (cash deposits and financial instruments) exceeds EUR 500.000?

Yes No

3. Do you work or have you worked in the financial sector for a period of at least one (1) year in a professional position, which requires knowledge of the transactions that you intend to undertake with Blackwell Global?

Yes No

8.1 DIRECTOR(S) / SENIOR MANAGER(S) / CONTROLLER(S) OF COMPANY

Director / Senior Manager / Controller (1)

Full Name	<input type="text"/>		
Role	<input type="text"/>	Educational / Professional Qualification	<input type="text"/>
No. Year(s) of Relevant Experience	<input type="text"/>		
Foreign Account Tax Compliance Act (FATCA)			
Are you a U.S. citizen or resident?			
<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, please specify	<input type="checkbox"/> Citizen <input type="checkbox"/> Resident
Do you have a U.S. Tax Identification Number (TIN)?			
<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, please state your TIN	<input type="text"/>

Director / Senior Manager / Controller (2)

Full Name	<input type="text"/>		
Role	<input type="text"/>	Educational / Professional Qualification	<input type="text"/>
No. Year(s) of Relevant Experience	<input type="text"/>		
Foreign Account Tax Compliance Act (FATCA)			
Are you a U.S. citizen or resident?			
<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, please specify	<input type="checkbox"/> Citizen <input type="checkbox"/> Resident
Do you have a U.S. Tax Identification Number (TIN)?			
<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, please state your TIN	<input type="text"/>

Director / Senior Manager / Controller (3)

Full Name	<input type="text"/>		
Role	<input type="text"/>	Educational / Professional Qualification	<input type="text"/>
No. Year(s) of Relevant Experience	<input type="text"/>		
Foreign Account Tax Compliance Act (FATCA)			
Are you a U.S. citizen or resident?			
<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, please specify	<input type="checkbox"/> Citizen <input type="checkbox"/> Resident
Do you have a U.S. Tax Identification			
<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, please state your TIN	<input type="text"/>

Director / Senior Manager / Controller (4)

Full Name	<input type="text"/>		
Role	<input type="text"/>	Educational / Professional Qualification	<input type="text"/>
No. Year(s) of Relevant Experience	<input type="text"/>		
Foreign Account Tax Compliance Act (FATCA)			
Are you a U.S. citizen or resident?			
<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, please specify	<input type="checkbox"/> Citizen <input type="checkbox"/> Resident
Do you have a U.S. Tax Identification			
<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, please state your TIN	<input type="text"/>

8.2 BENEFICIAL OWNER(S) *(Individuals or companies owning more than 10% of the company)*

Beneficial Owner (1)

Full Name of Individual or Company				<input type="text"/>			
Date of Birth or Date Of Incorp. (dd/mm/yyyy)		<input type="text"/>		Identification No (as per submitted POI) Or Company Registration No.		<input type="text"/>	
Nationality or Country of Incorp.		<input type="text"/>		Shareholding percentage		<input type="text"/>	
Registered Address				<input type="text"/>		City	
State		<input type="text"/>		Country		<input type="text"/>	
				Postal Code		<input type="text"/>	

Foreign Account Tax Compliance Act (FATCA)

Are you a U.S. citizen or resident?

No Yes If yes, please specify Citizen Resident

Do you have a U.S. Tax Identification Number (TIN)?

No Yes If yes, please state your TIN

Beneficial Owner Two (2)

Full Name of Individual or Company				<input type="text"/>			
Date of Birth or Date Of Incorp. (dd/mm/yyyy)		<input type="text"/>		Identification No (as per submitted POI) Or Company Registration No.		<input type="text"/>	
Nationality or Country of Incorp.		<input type="text"/>		Shareholding percentage		<input type="text"/>	
Registered Address				<input type="text"/>		City	
State		<input type="text"/>		Country		<input type="text"/>	
				Postal Code		<input type="text"/>	

Foreign Account Tax Compliance Act (FATCA)

Are you a U.S. citizen or resident?

No Yes If yes, please specify Citizen Resident

Do you have a U.S. Tax Identification Number (TIN)?

No Yes If yes, please state your TIN

Beneficial Owner Three (3)

Full Name of Individual or Company				<input type="text"/>			
Date of Birth or Date Of Incorp. (dd/mm/yyyy)		<input type="text"/>		Identification No (as per submitted POI) Or Company Registration No.		<input type="text"/>	
Nationality or Country of Incorp.		<input type="text"/>		Shareholding percentage		<input type="text"/>	
Registered Address				<input type="text"/>		City	
State		<input type="text"/>		Country		<input type="text"/>	
				Postal Code		<input type="text"/>	

Foreign Account Tax Compliance Act (FATCA)

Are you a U.S. citizen or resident?

No Yes If yes, please specify Citizen Resident

Do you have a U.S. Tax Identification Number (TIN)?

No Yes If yes, please specify your TIN

8.3 ADDITIONAL DETAILS

Has the Company ever been censured, disciplined, suspended or refused membership by any exchange, regulatory authority, government body or agency?

No Yes

If yes, please elaborate:

Is the Company currently the subject of any disciplinary proceedings of any exchange, regulatory authority, government body or agency, or is it aware that such proceedings are pending?

No Yes

If yes, please elaborate:

Has the Company ever been the subject of a formal investigation under the powers of the Companies Act 1985 or the equivalent provisions in the jurisdiction in which the company is incorporated?

No Yes

If yes, please elaborate:

Has the Company ever had a judgment or been notified of a potential judgment, including findings in relation to fraud, misrepresentation or dishonesty, given against the company in any civil proceedings in the United Kingdom or elsewhere?

No Yes

If yes, please elaborate:

Has the Company (a) been wound up, had a petition presented or a meeting called to consider a resolution for winding up; or (b) been the subject of an application to dissolve it or to strike it off; or (c) made or proposed to make, a composition or voluntary arrangement with any one or more of its creditors; or (d) had an administrator or trustee in bankruptcy appointed to it or had an application made for such an appointment; or (e) had a receiver appointed; or (f) had an application for an interim order made against it under section 252 of the Insolvency Act 1986; or (g) had anything equivalent to such events occur under relevant overseas law?

No Yes

If yes, please elaborate:

Does any of the director(s) or beneficial owner(s) or their immediate family members or close associates hold or have held any prominent public functions in the last 12 months?

No Yes

If yes, please elaborate:

Has any of the director(s) or beneficial owner(s) of the company ever been subject to bankruptcy/insolvency proceedings, or been declared bankrupt (including any pending cases)?

No Yes

If yes, please elaborate:

9. AUTHORISED SIGNATORY(IES)

How many signatory(ies) are required to authorise any transactions and/or changes for the account? (In case of more than 2 signatories we will provide additional forms.)

- 1 signatory only
 2 signatory only
 3 signatories only
 Any 1 signatory
 Any 2 signatories
 Any 3 signatories
 All 4 signatories

Please indicate which singnatory(ies) are required

SIGNATURE ONE (1)				
Full Name			Designation	
Date of Birth (dd/mm/yyyy)		Nationality	Identification No. (as per submitted POI)	
Email Address			Phone No.	
Registered Address			<u>Specimen Signature</u>	
City		State		
Country		Postal Code		

SIGNATURE TWO (2)				
Full Name			Designation	
Date of Birth (dd/mm/yyyy)		Nationality	Identification No. (as per submitted POI)	
Email Address			Phone No.	
Registered Address			<u>Specimen Signature</u>	
City		State		
Country		Postal Code		

SIGNATURE THREE (3)				
Full Name			Designation	
Date of Birth (dd/mm/yyyy)		Nationality	Identification No. (as per submitted POI)	
Email Address			Phone No.	
Registered Address			<u>Specimen Signature</u>	
City		State		
Country		Postal Code		

SIGNATURE FOUR (4)				
Full Name			Designation	
Date of Birth (dd/mm/yyyy)		Nationality	Identification No. (as per submitted POI)	
Email Address			Phone No.	
Registered Address			<u>Specimen Signature</u>	
City		State		
Country		Postal Code		

9. AUTHORISED REPRESENTATIVE (S) *(individual(s) in charge of the account)*

AUTHORISED REPRESENTATIVE (1)					
Full Name	<input type="text"/>		Designation	<input type="text"/>	
Date of Birth (dd/mm/yyyy)	<input type="text"/>	Nationality	<input type="text"/>	Identification No. (as per submitted POI)	<input type="text"/>
Email Address	<input type="text"/>			Phone No.	<input type="text"/>
Registered Address	<input type="text"/>			<u>Specimen Signature</u>	
City	<input type="text"/>	State	<input type="text"/>		
Country	<input type="text"/>	Postal Code	<input type="text"/>		

AUTHORISED REPRESENTATIVE (2)					
Full Name	<input type="text"/>		Designation	<input type="text"/>	
Date of Birth (dd/mm/yyyy)	<input type="text"/>	Nationality	<input type="text"/>	Identification No. (as per submitted POI)	<input type="text"/>
Email Address	<input type="text"/>			Phone No.	<input type="text"/>
Registered Address	<input type="text"/>			<u>Specimen Signature</u>	
City	<input type="text"/>	State	<input type="text"/>		
Country	<input type="text"/>	Postal Code	<input type="text"/>		

10. REFERENCE *(If applicable)*

Got to know us from a partner? Introducer Money Manager Business Representative

Please state Referrer's No.

11. ACKNOWLEDGEMENT

I/We hereby confirm that all the information above is true and correct and I/we will inform Blackwell Global about any change in the information submitted. I/We have also been notified that this information is confidential and will not be disclosed to anybody by Blackwell Global.

I/We acknowledge that I/we have received, read and understood the following documents:

- Complaints Policy
 Conflicts of Interest
 Privacy Policy Risk
 Terms of Business
 Warning Notice

I/We have a good understanding of the risks involved in trading in leveraged derivatives.

- Yes
 No

AUTHORISED SIGNATURE 1	AUTHORISED SIGNATURE 2
<div style="border: 1px solid #ccc; height: 60px; width: 100%;"></div> <p>Print Name <input style="width: 80%;" type="text"/></p> <p>Date (dd/mm/yyyy) <input style="width: 20%;" type="text"/></p>	<div style="border: 1px solid #ccc; height: 60px; width: 100%;"></div> <p>Print Name <input style="width: 80%;" type="text"/></p> <p>Date (dd/mm/yyyy) <input style="width: 20%;" type="text"/></p>
AUTHORISED SIGNATURE 3	AUTHORISED SIGNATURE 4
<div style="border: 1px solid #ccc; height: 60px; width: 100%;"></div> <p>Print Name <input style="width: 80%;" type="text"/></p> <p>Date (dd/mm/yyyy) <input style="width: 20%;" type="text"/></p>	<div style="border: 1px solid #ccc; height: 60px; width: 100%;"></div> <p>Print Name <input style="width: 80%;" type="text"/></p> <p>Date (dd/mm/yyyy) <input style="width: 20%;" type="text"/></p>