

Corporate Application to open a Margined Trading Account

Please complete all sections, we are required to obtain details about you before providing you with a trading account

COMPANY DETAILS

Name of Company:

Company registration number (or equivalent):

Country of incorporation:

Date of incorporation:

Principal place of business (we will use
this as your correspondence address):

Registered address (if different from above):

PRIMARY CONTACT DETAILS

Title: Mr Mrs Ms

First

Name:

Surname:

Telephone Number:

E-mail

Address:

Position held:

BASIC INFORMATION

1. Is the company regulated to carry out financial services?

Yes No

If YES, please provide details:

2. Has the company ever been involved in litigation or bankruptcy proceedings

Yes No

If YES, please provide details:

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KNOWLEDGE AND UNDERSTANDING

We are required to assess the appropriateness of our services for you and will rely on the information you provide here in order to do so.

1. Does the company have previous experience of trading on an execution only basis?

Yes No

2. Has the company executed over 10 trades in FX or CFDs in the past 2 years?

Yes No

3. Does the individual responsible for making investment decisions on behalf of the company understand the nature and risks of trading on margin?

Yes No

4. Does the individual responsible for making investment decisions on behalf of the company understand how FX and CFD transactions are priced?

Yes No

BASE CURRENCY

Currency denomination	USD	EUR	GBP	CHF	JPY		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

FINANCIAL INFORMATION

1. What is your approximate annual turnover?

2. What is your estimated initial deposit with DTT UK Ltd.?

3. What is the origin of the money you will invest?

DECLARATIONS

- I have full authority to enter into the agreement on behalf of the applicant firm
- I have read, understood and agree that the company will be bound by the Terms & Conditions, Order Execution Policy, Conflicts of Interest Policy and Risk Warning Notice
- I am a regular user of the internet and consent to information being provided on-line
- I fully understand the nature and risks of margin trading
- The information provided by the company during the application process is true and correct, and I will notify you of any material changes

Date

Signed

Date

Signed

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DIRECTOR'S PERSONAL DETAILS

Each director must provide their personal details here

DIRECTOR 1

Please tick if this person is a signatory on the account:

Title: Mr. Mrs. Ms.

First Name:

Surname:

Position held:

Date of Birth (DD/MM/YY):

Full Address:

DIRECTOR 2

Please tick if this person is a signatory on the account:

Title: Mr. Mrs. Ms.

First Name:

Surname:

Position held:

Date of Birth (DD/MM/YY):

Full Address:

INDIVIDUAL SHAREHOLDER DETAILS

Each individual shareholder who owns over 25% of the shares must provide their details here

INDIVIDUAL SHAREHOLDER 1

Please tick if this person is a signatory on the account:

Title: Mr. Mrs. Ms.

First Name:

Surname:

Percentage (%) shareholding:

Date of Birth (DD/MM/YY):

Full Address:

INDIVIDUAL SHAREHOLDER 2

Please tick if this person is a signatory on the account:

Title: Mr. Mrs. Ms.

First Name:

Surname:

Percentage (%) shareholding:

Date of Birth (DD/MM/YY):

Full Address:

CORPORATE SHAREHOLDER DETAILS

Each corporate entity who owns over 25% of the shares must provide their details here

Name of Company:

Company registration number (or equivalent):

Country of incorporation:

Registered address:

Details of all shareholders of this entity:

Please continue on a separate sheet if necessary. In order to comply with UK anti money laundering regulations, we will identify at least one Director and any shareholder who owns over 25% of the shares.

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BOARD RESOLUTION

I certify that the following resolutions were passed at a Board meeting of:

(the client)

held on (date):

1. That the Company shall open an account with DTT UK Ltd. ("The Firm") and by means of this Resolution the following person(s) shall be authorized to represent the undersigned legal entity ("the Company") with legally binding effect in all its business relations regarding the above-mentioned account with the Firm.

Name & Position	Specimen signature
Name & Position	Specimen signature

2. Any documents signed, and any acts done by the authorized officer(s) in pursuance of the foregoing are hereby fully approved and ratified.

3. The undersigned expressly confirm the authenticity of the specimen signatures above and recognize their binding nature in all relationships between the Company and the Firm.

4. This authority to sign and enter into transactions shall remain valid exclusively until the Firm receives a written revocation and a duly certified resolution from the client, notwithstanding any differing entries in the Commercial Register.

Name of Company Secretary	Signature of Company Secretary
Date	