

Customer Account Application - Corporate

Thank you for choosing FXDD. Please complete ALL SECTIONS in full using BLOCK CAPITALS to open your account. We have included all the necessary forms in this application packet for an easy process. Please ensure that all the fields on this application form and the other forms are completed in their entirety. Your application shall be reviewed by a representative of FXDD Malta who shall contact you if further details are required. If you have any questions or require assistance completing this application please call us at (+356) 2138-3307 or email us at sales@fxdd.com.mt

COMPANY INFORMATION

Company Name: _____

Company Registration Number: _____

Country of Incorporation: _____

Date of Incorporation: _____

Registered Address: _____

Town/City _____ County: _____ Country: _____ Postcode: _____

Correspondence Address (if different to registered address): _____

Town/City _____ County: _____ Country: _____ Postcode: _____

Email Address (This will be our primary method of contacting you): _____

Website if any: _____

Please provide a detailed description of your core business activities as well as your revenue sources: _____

Is the company a regulated company such as by the FCA, ASIC, MFSA? Yes No

Regulator Name: _____ Regulator Country: _____

Is the company listed on an Exchange such as the LSE, MSE? Yes No

Regulator Name: _____ Regulator Country: _____

Entity Country of Tax Residence: _____

Legal Entity Identifier (LEI): _____ Entity Tax Identification Number (TIN): _____

Primary Contact: _____ Email: _____

Title: _____ Phone: _____

Address: _____

ACCOUNT INFORMATION

Deposit Currency

USD JPY EUR GBP

Trading Platform

META TRADER: MT4 MT5

WEB TRADER

Were you referred to us? YES NO If Yes, by whom: _____

Purpose and reason for account opening: _____

Anticipated deposit per annum: _____

COMPANY FINANCIAL INFORMATION

Estimated Annual Income (in USD): _____

Net worth [Assets minus liabilities] (in USD): _____

Amount of Losses which may be sustained by the company would not adversely affect its financial situation: _____

Is the company currently undergoing liquidation or in the process of undergoing liquidation in the next financial year?

Yes

No

Details of liquidation process: _____

COMPANY BANK INFORMATION:

Bank Name: _____

Bank Address: _____

Account Number: _____

Account Name: _____

IBAN: _____

Directors and Beneficial Owner information

Please provide details for each director and beneficial owner by completing the below section. Information is to be completed in a separate form if there are more than two directors or beneficial owners. FXDD Malta also requires official documentation such as Memorandum and Articles of Association, Membership Certificates or its equivalent to verify the shareholding of the company.

Director Name	Director Name
Date of Birth	Date of Birth
Place of Birth	Place of Birth
Nationality	Nationality
National ID number	National ID number
Country of Tax Residence	Country of Tax Residence
Tax ID number	Tax ID number
Are you a Politically Exposed Person, related to a Politically Exposed Person or a close associate to a Politically Exposed Person? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a Politically Exposed Person, related to a Politically Exposed Person or a close associate to a Politically Exposed Person? <input type="checkbox"/> Yes <input type="checkbox"/> No
Beneficial Ownership Structure	
Name of Share holder	% Shareholding of the company
Shareholder Name	Shareholder Name
Date of Birth	Date of Birth
Place of Birth	Place of Birth
Nationality	Nationality
National ID number	National ID number
Country of Tax Residence	Country of Tax Residence
Tax ID number	Tax ID number
Are you a Politically Exposed Person, related to a Politically Exposed Person or a close associate to a Politically Exposed Person? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a Politically Exposed Person, related to a Politically Exposed Person or a close associate to a Politically Exposed Person? <input type="checkbox"/> Yes <input type="checkbox"/> No

Trading and Investment Experience

For persons having trading authority the following information needs to be completed. The name of the persons having trading authority is to be provided on page one of the corporate resolution form. Separate sheets of this section should be completed if more than one individual has trading authority.

Please Select One:	<input type="checkbox"/> I managed my own account <input type="checkbox"/> Someone else managed my account <input type="checkbox"/> I managed the accounts of others					
Foreign Exchange: (Check One)	<input type="checkbox"/> None	<input type="checkbox"/> 0-6 months	<input type="checkbox"/> 6 mo-2yrs	<input type="checkbox"/> 2yrs and above		
Stocks/Equities& Stock Options: (Check One)	<input type="checkbox"/> None	<input type="checkbox"/> 0-6 months	<input type="checkbox"/> 6 mo-2yrs	<input type="checkbox"/> 2yrs and above		
Bonds (Check One)	<input type="checkbox"/> None	<input type="checkbox"/> 0-6 months	<input type="checkbox"/> 6 mo-2yrs	<input type="checkbox"/> 2yrs and above		
Commodities and Futures and Future Options: (Check One)	<input type="checkbox"/> None	<input type="checkbox"/> 0-6 months	<input type="checkbox"/> 6 mo-2yrs	<input type="checkbox"/> 2yrs and above		
Options (Check One)	<input type="checkbox"/> None	<input type="checkbox"/> 0-6 months	<input type="checkbox"/> 6 mo-2yrs	<input type="checkbox"/> 2yrs and above		
Select the volume in which you traded the following instruments:						
Foreign Exchange: (Check One)	<input type="checkbox"/> \$0 - \$50,000	<input type="checkbox"/> \$50,001 - \$100,000	<input type="checkbox"/> \$100,001 - \$500,000	<input type="checkbox"/> \$500,001 and over		
Stocks/Equities& Stock Options: (Check One)	<input type="checkbox"/> \$0 - \$50,000	<input type="checkbox"/> \$50,001 - \$100,000	<input type="checkbox"/> \$100,001 - \$500,000	<input type="checkbox"/> \$500,001 and over		
Bonds (Check One)	<input type="checkbox"/> \$0 - \$50,000	<input type="checkbox"/> \$50,001 - \$100,000	<input type="checkbox"/> \$100,001 - \$500,000	<input type="checkbox"/> \$500,001 and over		
Commodities and Futures and Future Options: (Check One)	<input type="checkbox"/> \$0 - \$50,000	<input type="checkbox"/> \$50,001 - \$100,000	<input type="checkbox"/> \$100,001 - \$500,000	<input type="checkbox"/> \$500,001 and over		
Options (Check One)	<input type="checkbox"/> \$0 - \$50,000	<input type="checkbox"/> \$50,001 - \$100,000	<input type="checkbox"/> \$100,001 - \$500,000	<input type="checkbox"/> \$500,001 and over		
Select the frequency in which you traded:						
Foreign Exchange: (Check One)	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Semi-Annually	<input type="checkbox"/> Annually	<input type="checkbox"/> None
Stocks/Equities& Stock Options: (Check One)	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Semi-Annually	<input type="checkbox"/> Annually	<input type="checkbox"/> None
Bonds (Check One)	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Semi-Annually	<input type="checkbox"/> Annually	<input type="checkbox"/> None
Commodities and Futures and Future Options: (Check One)	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Semi-Annually	<input type="checkbox"/> Annually	<input type="checkbox"/> None
Options (Check One)	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Semi-Annually	<input type="checkbox"/> Annually	<input type="checkbox"/> None

COMMON REPORTING STANDARD INFORMATION

Due to the provisions of EU Council Directive 2014/107/EU and the Common Reporting Standards in terms of Art 96(2) of the Income Tax Act (Chapter 123 of the Laws of Malta) require FXDD Malta to determine the tax residency of all its account holders.

Please provide the account holder's [company] Common Reporting Standard status by choosing one of the following:

- Participating Jurisdiction Financial Institution

- Investment Entity located in a non participating jurisdiction and managed by another Financial

- Active NFE- a corporation the stock of which is regularly traded on an established securities market or a corporation which is a related entity of such a corporation

- Active NFE-a Government Entity or Central Bank

- Active NFE-an International Organisation

- Active NFE other than those mentioned above

- Passive NFE

Signatures

Customer account application acceptance

By checking 'I agree' you acknowledge that you have read and filled out this customer account application and that you certify, represent and warrant that the information provided is correct and complete.

I agree

Non Solicitation acceptance

By checking 'I agree' you acknowledge that, the funds to be deposited in my account are my property and have not been solicited from a third party.

I agree

Customer Information: I (We) hereby represent that the information provided in this application document is true and correct. I (We) further represent that I(We) will notify FXDD of any material changes in writing. FXDD reserves the right, but has no duty, to verify the accuracy of information provided, and to contact such bankers, brokers and others as it deems necessary.

Company Representative Signature

Print Name

Date

Company Representative Signature

Print Name

Date

DOCUMENTS REQUIRED:

1. Signed Customer Agreement.
2. Corporate Resolution Form.
3. Disclaimer for Corporate Applications.
4. Certified true copy of the company's latest Memorandum and articles of association, operating agreement or its equivalent. The document may be certified by a Company Secretary, director or officer occupying an equivalent position or a legal or accounting professional, a notary. The certification must state that the document is a true copy of the original, be signed and dated and include the position of the certifier.
5. Documentation verifying the shareholding structure if not available from point (4). This may include a share certificate, or a recent certificate of incumbency.
6. Copies of ID and proof of residence documents for all persons having trading authority.
7. Certified true copy of the ID and certified true copy of the proof of residence of the ultimate beneficial owners holding directly or indirectly 25% of shareholding. The document may be certified by an independent professional such as a notary, a lawyer or an accountant. The certification must state that the document is a true copy of the original, be signed and dated and include the position of the certifier.
8. Recent Certificate of good standing for the company.
9. Recent Bank Statement.

The documents above may be sent by fax to (+356) 2138-3307 or to sales@fxdd.com.mt. The original certified copies of the customers' documents are required to be submitted at the FXDD Malta offices.