

Corporate Account Application Form

Effective date: February 2021

APPLICATION INSTRUCTIONS

The following supporting documentation must accompany the Company's completed account Application Form:

- **Memorandum and Articles of Association**
- **Certificate of Incorporation**
- **The last two years financial statements/three months of company bank statements** (for non EEA companies)
- **Copy of Register of Shareholders**
- **Copy of Register of Directors**
- **Proof of Registered Address** (original utility bill or bank statement displaying the Company's Name and Registered Address dated within the last three months)
- **Proof of Operating Address** (original utility bill or bank statement displaying the Company's Name and Operating Address dated within the last three months)
- **Individual verification of Authorised Representative** (copy of passport)
- **Individual verification of all active Directors** (copy of passport and a recent original residential utility bill for each)
- **Individual verification of Shareholders/Beneficial Owners** with a holding of 25% or more
 - Individual shareholders (copy of a passport and a recent original residential utility bill for each)
 - Corporate shareholders (a complete list of supporting documentation for each Company as listed above)

For applications from outside the UK and EEA, **please supply a Certificate of Incumbency (dated within the last 3 months) and notarised copies of the documentation stated above.**

Please check the details that you have provided are correct and that the application form is signed with wet signatures.

Post

LMAX Global
Yellow Building 1A
Nicholas Road
London W11 4AN
United Kingdom

Then please send your completed application to us by post, fax or email with scanned copies using the following details:

Email

registrations@LMAX.com

Fax

+44 20 3192 2572



Global

Corporate Account Application Form

Effective date: February 2021

This document forms part of the client agreement with LMAX Broker Limited.

Complete the following form to open a corporate account. Please complete all sections in full and using BLOCK CAPITALS (any section left incomplete will delay the processing of your application).

Please call +44 20 3192 2555 should you have any questions.

| Company Details |
|---|
| Full Registered company name: |
| Other trading names (if applicable): |
| Registered company number: |
| Company Website Address: |
| Please detail your main business activities including your revenue sources: |
| Reason for opening a corporate account: |

| Registered Company Address | |
|----------------------------|-------------------|
| Address Line 1: | Town: |
| Address Line 2: | County: |
| Address Line 3: | Post code: |
| Country: | Business tel. no: |

| Operating Address (if different to your Registered Address) | |
|---|-------------------|
| Address Line 1: | Town: |
| Address Line 2: | County: |
| Address Line 3: | Post code: |
| Country: | Business tel. no: |

| More Information on The Company | |
|--|--|
| LEI Code: | |
| Is the company authorised and regulated by a financial regulator (e.g. FCA in the UK) in any country or territory? | |
| If yes please provide details: | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Is the company listed on a Regulated Stock Exchange (e.g. London Stock Exchange in the UK) in any country or territory? | |
| If yes please provide details: | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Does the company have any pending litigation, disputed accounts or other unresolved matters in any country or territory? | |
| If yes please provide details: | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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| Has the company ever been subject to Bankruptcy/Insolvency proceedings in any country or territory? | |
| If yes please provide details: | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Do any of the following apply to your company? | |
| Where applicable, please tick all criteria that apply to your company | <input type="checkbox"/> Balance sheet total of at least EUR 20,000,000.00 or equivalent |
| | <input type="checkbox"/> Net turnover of at least EUR 40,000,000.00 or equivalent |
| | <input type="checkbox"/> Own funds of at least EUR 2,000,000.00 or equivalent |
| | <input type="checkbox"/> The size of the financial instrument portfolio (cash deposits and financial instruments) held by the company exceeds 500,000.00 or equivalent |
| Do you have financial statements that are less than 12 months old? | |
| If yes please provide the most recent audited and/or unaudited financial statements | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If no please detail why: | |

| Company Bank Details | |
|----------------------|-------------------|
| Bank Name: | |
| Bank Address: | |
| Postcode: | Country: |
| Account Name: | |
| Account No: | Sort Code: |
| Or IBAN: | |
| BIC: | |

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| Approx. amount of company funds that will be deposited with LMAX Global: | |
| Account Base Currency for the Account? | GBP <input type="checkbox"/> EUR <input type="checkbox"/> USD <input type="checkbox"/> AUD <input type="checkbox"/> CAD <input type="checkbox"/> CHF <input type="checkbox"/> JPY <input type="checkbox"/> SEK <input type="checkbox"/> SGD <input type="checkbox"/> HKD <input type="checkbox"/> PLN <input type="checkbox"/> |

| The Source (s) of Funds for Trading the account (s) at LMAX Global | |
|---|--|
| You may select more than one source and we may require you to provide supporting documentation in respect of the source (s) | |
| <input type="checkbox"/> Normal commercial activities | Trading Name: _____ Nature of business: _____ Annual Turnover: _____ |
| <input type="checkbox"/> Investments held at another brokerage firm | Current value of investments/funds at the firm (s) of brokers: _____ |
| <input type="checkbox"/> Others (please specify and provide value of funds) | _____ |

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| Are the funds to be deposited entirely from the entity and/or its shareholders/principals? | |
| If yes, you declare that all funds to be deposited with LMAX Global are corporate proprietary funds, resulting exclusively from: <ul style="list-style-type: none"> a. Paid in capital from the entity's shareholders/principals and/or b. Business profit and/or retained earnings from regular business operations | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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|---|----------------------------|
| Authorised Representative | |
| Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other <input type="checkbox"/> (Please specify) | |
| First Name: | Residential Address: _____ |
| Surname: | |
| Date of Birth: | |
| Nationality: | Postcode/Zip Code: |
| Contact Tel. No.: | Country: |
| Email Address: | |
| Position within the Company: | |
| Specimen Signature: | |

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|---|----------|
| Authorised Traders | |
| Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other <input type="checkbox"/> (Please specify) | |
| First Name: | Surname: |
| Contact Tel. No.: | |
| Email Address: | |
| Position within the Company: | |

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|---|----------|
| Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other <input type="checkbox"/> (Please specify) | |
| First Name: | Surname: |
| Contact Tel. No.: | |
| Email Address: | |
| Position within the Company: | |

| | |
|---|----------|
| Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other <input type="checkbox"/> (Please specify) | |
| First Name: | Surname: |
| Contact Tel. No.: | |
| Email Address: | |
| Position within the Company: | |

| | |
|---|----------|
| Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other <input type="checkbox"/> (Please specify) | |
| First Name: | Surname: |
| Contact Tel. No.: | |
| Email Address: | |
| Position within the Company: | |

| Trading Experience | | | | |
|--|---|--|---|--|
| This section should be completed by the person authorized to carry out transactions on behalf of the company (excludes trades for which you received financial advice). | | | | |
| Have your Company traded FX in the past 12 months? | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Yes averaging: | 1-4 trades per month <input type="checkbox"/> | 5-10 trades per month <input type="checkbox"/> | 11-20 trades per month <input type="checkbox"/> | 20+ trades per month <input type="checkbox"/> |
| Have your Company traded CFDs or Futures in the past 12 months? | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Yes averaging: | 1-4 trades per month <input type="checkbox"/> | 5-10 trades per month <input type="checkbox"/> | 11-20 trades per month <input type="checkbox"/> | 20+ trades per month <input type="checkbox"/> |
| Do you work in or have you worked in the financial sector for at least one year in a professional position, which requires knowledge and understanding of CFDs/Forex or leveraged products? | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

| What products are you interested in trading with LMAX? | | | |
|--|---|---|--|
| Spot FX <input type="checkbox"/> | Commodities <input type="checkbox"/> | Crypto Futures <input type="checkbox"/> | |
| Crypto CFDs <input type="checkbox"/> | Equity Indices <input type="checkbox"/> | Weekend FX <input type="checkbox"/> | |

| Declaration |
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| <p>In signing and returning this form I confirm for and on behalf of the applicant that:</p> <ul style="list-style-type: none"> We have full power and authority to enter into the LMAX Global Agreement which is described in bullet point 4 below with LMAX Global on behalf of the company, which is the named applicant We will notify LMAX Global promptly, with at least two weeks' notice, in advance if We cease to be employed or engaged as an employee, agent or contractor by my/our company, or if We cease have authority to act on behalf of the Company whether under the terms of this Agreement or otherwise We declare that the information we have provided as part of this application process is true and complete. We have read and understood and agree to be bound by the LMAX Global Agreement that is comprised of the current versions published on the website of (a) the Terms of Business, (b) the Deliverable FX Service Agreement, (c) the Trading Manual, (d) the Order Execution Policy, (e) the Privacy and Cookie Policy and (f) the Risk Warning Notice, (g) (where applicable) the API agreement. We acknowledge that all of the documents that constitute the LMAX Global Agreement and supplementary documents as available from the website including, but not limited to Summary Conflicts of Interest Policy, or any other document that may form part of your agreement with us, may be amended from time to time as permitted by the terms of the Terms of Business and that any later versions will govern my trading relationship with LMAX Global from the effective dates set out in the Terms of Business. We are aware that the trading service provided by LMAX Global carries a high level of risk and can result in losses that exceed the balance of cash held on our account at any time. <p>You should not open an account with LMAX Global unless you understand the nature of its trading services and the extent of your Company's exposure to risk.</p> |

| Agreement | | | | | | | | | | |
|--|-------------------|-------------|---|---|---|---|---|---|---|---|
| By signing this form you represent that all the information contained herein is true and accurate and you agree on behalf of the applicant to be bound by our Agreement. | | | | | | | | | | |
| <table border="1"> <tr> <td>Signature:</td> <td>Date</td> <td>D</td> <td>D</td> <td>M</td> <td>M</td> <td>Y</td> <td>Y</td> <td>Y</td> <td>Y</td> </tr> </table> | Signature: | Date | D | D | M | M | Y | Y | Y | Y |
| Signature: | Date | D | D | M | M | Y | Y | Y | Y | |
| Full name: | | | | | | | | | | |
| Position: | | | | | | | | | | |

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|--|-------------------|-------------|---|---|---|---|---|---|---|---|
| <table border="1"> <tr> <td>Signature:</td> <td>Date</td> <td>D</td> <td>D</td> <td>M</td> <td>M</td> <td>Y</td> <td>Y</td> <td>Y</td> <td>Y</td> </tr> </table> | Signature: | Date | D | D | M | M | Y | Y | Y | Y |
| Signature: | Date | D | D | M | M | Y | Y | Y | Y | |
| Full name: | | | | | | | | | | |
| Position: | | | | | | | | | | |

Completion of this page is not necessary for entities listed on a Recognised Stock Exchange

| Shareholders/Beneficial Owners | | | | |
|---|-----------|---------|---------------|-----------|
| Please list any shareholders or beneficial owners with a holding of 25% or more | | | | |
| Title | Full Name | Address | Date of Birth | Holding % |
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| Company Directors | | | |
|---|-----------|---------|---------------|
| Please list any company directors (if necessary please continue on an additional sheet) | | | |
| Title | Full Name | Address | Date of Birth |
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| Senior Management | | | | |
|--|-----------|---------|---------------|---------------|
| Please detail the senior persons responsible for the operations of the business This may include the CEO, COO and CFO. | | | | |
| Title | Full Name | Address | Date of Birth | Position Held |
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Certified Board Resolution

I _____ (Name) Company Director/Company Secretary of _____ (Name of Company) (the "Company") certify that the following resolutions were duly passed by the Directors of the Company at a meeting held on _____ (Date)

It was resolved as follows:

1. That account (the "Account") be opened in the name of the Company for the purpose of entering into Contracts For Differences (CFDs), rolling spot FX and any transactions related or ancillary to any of the contracts.
2. That an agreement be entered into in connection with the opening of the Account in such form as LMAX Global shall require (the "Agreement") and that all transactions entered into by the Company shall be subject to the terms of the LMAX Global Agreement which is described in bullet point 4 of the declaration section of the Corporate Account application form as amended from time to time.
3. That each of the persons whose names and specimen signatures appear below (the "Authorised Signatories") shall be and are hereby jointly and severally authorized to sign any document in connection with the opening or operation of the Account, including (but without limitation) the LMAX Global Agreement and any document creating, perfecting or relating to any mortgage, charge or encumbrance over the Company's assets and to give any oral or written instructions to LMAX Global with respect to the Account(s) including (but without limitation) instructions to effect or otherwise enter transactions with or on behalf of the Company.

Authorised Signatory:

(Name)

(Signature)

(Title)

Authorised Signatory:

(Name)

(Signature)

(Title)

It was resolved as follows:

4. That any transactions of any description whatsoever previously entered into by the Company with or through LMAX Global be and are hereby ratified and approved.
5. That these Resolutions be communicated to LMAX Global and shall remain in force and that LMAX Global shall be entitled to rely on the same until an amending resolution shall be passed and a copy certified by an officer of the Company shall have been received by LMAX Global.

I/We further certify that there is no legal or other reason why the Company should not conduct this business.

| | | | | | | | | | |
|---|-------------|----------|----------|----------|----------|----------|----------|----------|----------|
| Signature of Company Director/Company Secretary: | Date | D | D | M | M | Y | Y | Y | Y |
| | | | | | | | | | |