

Customer Account Application – Individual

This Application must be completed in full or it will not be processed. **F X & B i t c o i n** will not disclose, share or sell your personal information to third parties. You must be at least 18 years of age to open an account. Please type or print clearly.

ACCOUNT INFORMATION

Account Type (Choose one): **Standard Account** (\$5,000 account maximum) **Mini Account** (\$500 account minimum)

Base Currency (Choose one): **U.S. Dollar** **British Pound (Sterling)** **Euro**

Name to Appear on Account: _____

Telephone number for account transaction information: _____

E-mail Address (this will be our primary method of contacting you): _____

Expected Initial Deposit (Choose one): \$, £ or € _____

*The minimum deposit is \$500 while maximum deposit is \$5,000.

Deposit Method? (Choose one): Debit Card Zelle Venmo or Cash App Wire

*We do not accept Wire transfer for investment below \$5,000

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

If No, how did you hear about us? _____

Select a password for your Account: _____

8 character minimum (should contain letters and numbers). Remember your password; you will need it to log in to your account.

Security Question:

- In which city or town was your first job located?
- What is your father's middle name?
- What was the name of your elementary/primary school?
- What is your maternal grandmother's maiden name?

Answer: _____

PERSONAL INFORMATION

Full Name: _____ Date of Birth (dd/mm/yyyy): _____

Tax ID # or Government ID # (i.e. passport, national ID, driver's license): _____

Home Address (P.O. boxes not accepted): _____

City: _____ State: _____ Zip: _____ Country: _____

Telephone: _____ Mobile Phone: _____

Nationality: _____

EMPLOYMENT STATUS

(Check one) Employed Self-employed Retired Student/Homemaker Unemployed

If you selected Employed, provide the following information:

Employer's Name: _____ Years There: _____

Nature of Business: _____ Position: _____ Telephone: _____

Employer's Address: _____

TRADING EXPERIENCE

How frequently and over what period of time have you traded the following?

Frequency: Indicate daily, weekly, monthly, infrequently or never.

Time Period: Indicate 3 months, 3-6 months, 6-12 months, 1-3 years or 3+ years

	<u>Frequency</u>	<u>Time period</u>
a) Shares and/or bonds	_____	_____
b) Exchange traded derivatives (futures, options, warrants)	_____	_____
c) OTC derivatives (forex, CFDs, spread bets, binary bets)	_____	_____

Do you have knowledge or qualifications relevant to our services? YES NO

If yes, is this: a) Experience of trading OTC leveraged derivatives through working in the financial sector?

b) Relevant professional qualifications and/or education?

ADDITIONAL INFORMATION

Do you work for a firm or branch regulated by the FSA or by an overseas regulator? YES NO

If yes, please provide details: _____

FINANCIAL INFORMATION

Approximate annual income before tax \$, £ or €: _____

Approximate value of savings and investments \$, £ or €: _____

Sources of these funds: Employment Inheritance Investments Others

Approximate amount of funds available for trading with us \$, £ or €: _____

Do you own property? YES NO

If yes, approximate value of property (less mortgage) \$, £ or €: _____

ACKNOWLEDGEMENTS

I am _____ who resides in _____ and am a citizen of _____.

I am the beneficial owner of all the income to which this application relates. YES NO

The income noted on this application is NOT connected with the conduct of trade or business in the USA and is NOT subject to tax under an income tax treaty. I AGREE / I DISAGREE

