

Corporate Account Application Form

July 2018

APPLICATION INSTRUCTIONS

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

- **Memorandum and Articles of Association**
- **Certificate of Incorporation**
- **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 all active Directors** (copy of passport)
- **Individual verification of Shareholders/Beneficial Owners** with a holding of 25% or more
 - Individual shareholders (copy of a passport)
 - Corporate shareholders (a complete list of supporting documentation for each Company as listed above)
- Company bank statement and financial statements where available.

Please check the details that you have provided are correct and that the application form is signed. **Email** registrations@LMAX.com

Then please send your completed application to us by post, fax or email with scanned copies using the following details: **Fax** +64-4-889-4510



Corporate Account Application Form

Effective date: July 2018

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 +64-4-889-4510 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 (If within EEA):	
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"/>
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 EUR 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:	

Approx. amount of company funds that will be deposited with LMAX New Zealand:	
Account Base Currency for the Account?	USD <input type="checkbox"/> CHF <input type="checkbox"/> HKD <input type="checkbox"/>

The Source (s) of Funds for Trading the account (s) at LMAX New Zealand	
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)	_____

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 New Zealand 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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Person (s) Authorised to Operate the Account	
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:	Please tick if you are the main contact person: <input type="checkbox"/>

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:	Please tick if you are the main contact person: <input type="checkbox"/>

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)	
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Date of Birth:	
Nationality:	Postcode/Zip Code:
Contact Tel. No.:	Country:
Email Address:	
Position within the Company:	
Specimen Signature:	Please tick if you are the main contact person: <input type="checkbox"/>

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:	Please tick if you are the main contact person: <input type="checkbox"/>

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"/>

Declaration
<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 New Zealand Agreement which is described in bullet point 4 below with LMAX New Zealand on behalf of the company, which is the named applicant We will notify LMAX New Zealand 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 to 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 New Zealand Agreement that is comprised of the current versions published on the website of (a) the Terms of Business, (b) the Risk Warning Notice, (c) the Trading Manual, (d) the Order Execution Policy, (e) the Privacy and Cookie Policy and (f) (where applicable) the API agreement. We acknowledge that all of the documents that constitute the LMAX New Zealand 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 New Zealand from the effective dates set out in the Terms of Business. We are aware that the trading service provided by LMAX New Zealand 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 New Zealand 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.									
Signature:	Date	D	D	M	M	Y	Y	Y	Y
Full name:									
Position:									

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 %

Company Directors			
Please list any company directors (if necessary please continue on an additional sheet)			
Title	Full Name	Address	Date of Birth

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 New Zealand shall require (the "Agreement") and that all transactions entered into by the Company shall be subject to the terms of the LMAX New Zealand 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 authorised to sign any document in connection with the opening or operation of the Account, including (but without limitation) the LMAX New Zealand 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 New Zealand 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 New Zealand are hereby ratified and approved.
5. That these Resolutions be communicated to LMAX New Zealand and shall remain in force and that LMAX New Zealand 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 New Zealand.

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