

Corporate Account Application Form

Effective Date: 15 January 2014

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**
- **Copy of Register of Shareholders**
- **Copy of Register of Directors**
- **Proof of Registered Address** (recent original utility bill or bank statement displaying the Company's Name and Registered Address)
- **Proof of Correspondence address** (recent original utility bill of bank statement displaying the Company's Name and Correspondence Address)
- **Individual verification of two active directors** (copy of passport and a recent original residential utility bill for each)
- **Individual verification of shareholders** with a holding of 25% or more
 - Individual shareholders (copy of 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 EU, please supply notarised copies of these documents. We are not able to open corporate accounts without this documentation.

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

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

Post	LMAX Yellow Building 1A Nicholas Road London W11 4AN United Kingdom
Email	registrations@LMAX.com
Fax	+44 20 3192 2572

LMAX™
PROFESSIONAL

Corporate Account Application Form

Complete the following form to open a corporate account. Please complete all sections in full and using BLOCK CAPITALS. Please call +44 20 3192 2555 should you have any questions.

Company Details	
Registered company name:	
Registered company number:	
Nature of business:	
Reason for opening a corporate account:	
Other trading names (if applicable):	
Other trading addresses (if applicable):	

Primary Contact At 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:	
Mobile tel. no:	Email address:

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

Correspondence Address	Same as registered address (tick) <input type="checkbox"/>
Address Line 1:	Town:
Address Line 2:	County:
Address Line 3:	Post code:
Country:	Business tel. no:

Company Bank Details	
Bank Name:	
Bank Address:	
Postcode:	Country:
Account Name:	
Account No:	Sort code:
Or IBAN	
BIC	

Approx. company funds available for the purposes of trading with LMAX:

More Information On The Company

Full legal name:	
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"/>
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"/>
Please state below the source of the companies trading resources (ie; trading profits, investments, commercial loan, shareholder funds, etc)	

Trading Experience (Excludes trades for which you received financial advice)

Corporate Body				
Have you traded FX in the past 12 months?		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 you traded CFDs or Futures in the past 12 months?		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 have a relevant education or professional qualification that you consider would you assist your understanding of CFDs/Forex or leveraged products?				
Yes <input type="checkbox"/> No <input type="checkbox"/>				

The officer who is an authorised manager or supervisor of trading activities

Have you traded FX in the past 12 months?		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 you traded CFDs or Futures in the past 12 months?		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 have a relevant education or professional qualification that you consider would you assist your understanding of CFDs/Forex or leveraged products?											
Yes <input type="checkbox"/> No <input type="checkbox"/>											
Which Account Base Currency would you prefer?	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"/>

Persons Authorised to Trade

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:									

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 Agreement which is described in bullet point 4 below with LMAX on behalf of the company, which is the named applicant We will notify LMAX 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 online application process is true. We have read and understood and agree to be bound by the LMAX Agreement that is comprised of the current versions published on the website of (a) the Customer Agreement, (b) Product Information Schedules, (c) the Risk Warning Notice, (d) the Trading Manual, (e) Instrument Information, (f) the Order Execution Policy and (g) (where applicable) the API agreement. We acknowledge that all of the documents that constitute the LMAX Agreement and supplementary documents as available from the website including, but not limited to, our Privacy Policy and 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 Customer Agreement and that any later versions will govern my trading relationship with LMAX from the effective dates set out in the Customer Agreement. We are aware that the trading service provided by LMAX carries a high level of risk and can result in losses that exceed the balance of cash held on my account at any time. <p>You should not open an account with LMAX unless you understand the nature of its trading services and the extent of your Company's exposure to risk.</p>

Agreement									
<p>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.</p>									
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:									

Director, Authorised Signatory and Shareholder Personal Details

Each Director, Authorised Signatory and any Shareholder who owns more than 25% of the shares must provide their personal information below:

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		Address Line 1:							
		Address Line 2:							
Position:	Director <input type="checkbox"/> Shareholder <input type="checkbox"/> Company Secretary <input type="checkbox"/>								
First Name:		Address Line 3:							
Surname:		Town							
Date of Birth:	D	D	M	M	Y	Y	Y	Y	County:
Business tel:		Postcode:							
Mobile tel:		Country							

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		Address Line 1:							
		Address Line 2:							
Position:	Director <input type="checkbox"/> Shareholder <input type="checkbox"/> Company Secretary <input type="checkbox"/>								
First Name:		Address Line 3:							
Surname:		Town							
Date of Birth:	D	D	M	M	Y	Y	Y	Y	County:
Business tel:		Postcode:							
Mobile tel:		Country							

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		Address Line 1:							
		Address Line 2:							
Position:	Director <input type="checkbox"/> Shareholder <input type="checkbox"/> Company Secretary <input type="checkbox"/>								
First Name:		Address Line 3:							
Surname:		Town							
Date of Birth:	D	D	M	M	Y	Y	Y	Y	County:
Business tel:		Postcode:							
Mobile tel:		Country							

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 shall require (the "Agreement") and that all transactions entered into by the Company shall be subject to the terms of the LMAX Agreement which is described in bullet point 3 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 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 with respect to the Account(s) including (but without limitation) instructions to effect or otherwise enter transactions with or on behalf of the Company.

Specimen Signature

Specimen Signature

Authorised Signatory Name & Title

Authorised Signatory Name & Title

It was resolved as follows:

4. That any transactions of any description whatsoever previously entered into by the Company with or through LMAX be and are hereby ratified and approved.
5. That these Resolutions be communicated to LMAX and shall remain in force and that LMAX 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.

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
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