



LEGAL ENTITY ACCOUNT OPENING APPLICATION

1

1. Before completing this Application Form, you should make sure you have read and understood all the information regarding your Client Account, including the applicable Agreements (Customer Account Agreement (Terms and Conditions) and Client Categorization Policy, Investor Compensation Fund, Conflicts of Interest Policy, Privacy Policy, Leverage Risk Disclosure Statement, Order Execution Policy, General Risk Disclosure and Customer's Complaints Procedure).
2. Please complete all information below in this Application Form as accurately as possible in block capital letters.
3. Please note that we cannot accept you as a Client (under Applicable Regulations) and open a Client Account for you, unless all the above documents are properly received by us and all internal checks are duly satisfied.
4. For any questions regarding this Application Form or the Agreement you may contact us by email at support@fxjet.com or via Client Portal.

LEGAL ENTITY (L.E.) INFORMATION

| | |
|------------------------|--|
| Corporate Name: | |
| Trade Name (if any): | |
| Form of Incorporation: | <input type="checkbox"/> Public Company <input type="checkbox"/> Private Company <input type="checkbox"/> Other (please specify) _____ |

| | |
|---|--|
| Nature of Business/ Business Activities: | |
|---|--|

FXJET is owned as a trade name by Bogofinance Capital Markets LTD which is regulated by the Cyprus Securities and Exchange Commission (CySEC) under the license number 321/17.

Address: Arch Makariou III Avenue 134, Yiota Court, Office 101, 3021 Limassol, Cyprus, P.O. Box 51181
Tel: +357 25 249000 **Fax:** +357 25 249009 **Email:** info@fxjet.com **Web:** www.fxjet.com

LEGAL ENTITY ACCOUNT OPENING APPLICATION

2

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|---|---|
| Is the L.E. authorized to perform any regulated service/ activity? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| If your answer is 'yes' please state the authorized service/activity, competent or supervisory authority, license number and country of relevant authorization. | |

TRADING ACCOUNT INFORMATION OF LEGAL ENTITY

Please choose the type of account you would like to open

| | |
|-----------------------|--|
| Trading Account Type: | <input type="checkbox"/> Corporation <input type="checkbox"/> Managed Account with Power of Attorney for Business Entities <input type="checkbox"/> Asset Management |
|-----------------------|--|

REGISTRATION/ INCORPORATION DETAILS

| | | | |
|-------------------------------------|--|--|--|
| Registration/ Incorporation Number: | | Registration/ Incorporation Country: | |
| Registration/ Incorporation Date: | | Name of Registrar/ Relevant Authority: | |

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LEGAL ENTITY ACCOUNT OPENING APPLICATION

3

CONTACT DETAILS

| | | | |
|--|--|--------------------|--|
| Full Address: | | | |
| Town/City: | | Postal/ Zip Code: | |
| Country: | | Phone Number: | |
| Fax: | | Website and Email: | |
| Correspondence Address (if different): | | | |

| | |
|---|---|
| Group Information - Are you part of a Group? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| <p>If your answer is 'yes' please state the country of incorporation of the parent company, subsidiary companies, associate companies, financial information and information regarding the Group activities, as applicable. Kindly note that you also may be requested to provide us with the Group's financial information (i.e. consolidated Group accounts).</p> | |

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LEGAL ENTITY ACCOUNT OPENING APPLICATION

4

LEGAL ENTITY FINANCIAL INFORMATION

| | |
|---|---|
| Please indicate if any of the following applies to you: | <input type="checkbox"/> Balance sheet total of at least EUR 20,000,000 <input type="checkbox"/> Net turnover of at least EUR 40,000,000 <input type="checkbox"/> Own funds of at least EUR 2,000,000 |
| Total Assets: | |
| Previous Year Profits/Losses: | |
| Liabilities: | |
| Total Estimated Annual Income: | <input type="checkbox"/> under 50k <input type="checkbox"/> 50k-250k <input type="checkbox"/> 250k-1mill <input type="checkbox"/> over 1 mill |
| Estimated Net Assets (assets minus liabilities): | <input type="checkbox"/> under 50k <input type="checkbox"/> 50k-250k <input type="checkbox"/> 250k-1mill <input type="checkbox"/> 1mill-5mill <input type="checkbox"/> over 5mill |
| Intended investment amount with FXJET: | <input type="checkbox"/> under 5k <input type="checkbox"/> 5k-100k <input type="checkbox"/> 100k-250k <input type="checkbox"/> over 250k |
| Origin of intended invested amount: | |

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5

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|---|---|
| <p>What is the expected method to credit/fund L.E. account? Please visit our website for more information on our policy for Depositing and Withdrawing funds</p> | <p><input type="checkbox"/> Bank Wire Transfer <input type="checkbox"/> Credit Card</p> |
|---|---|

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|---|
| <p>Please provide us with further details of the expected origin of funds (e.g. name of institution/bank/money transfer company and country of origin):</p> |
| <p>What is the expected destination of outgoing transfer/payments, if different than the expected origin of funds stated above?</p> |
| <p>Please provide us with details of the source of L.E. wealth and income (e.g. profits from business, loan, income/profits from investments, intellectual property rights etc.):</p> |

DIRECTOR INFORMATION

For each physical person Director please provide us with the following details (in case of more than four Directors kindly request to be provided with additional forms). For Directors who are legal entities please fill in only the 'Name', 'Permanent Address', 'Post Code', 'City & Country', 'Telephone and Fax Number', 'Passport/ID No' and 'E-Mail' fields.

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LEGAL ENTITY ACCOUNT OPENING APPLICATION

6

1.

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|-----------------------|--|---------------------|--|
| Full Name: | | | |
| Permanent Address: | | | |
| Postal/ Zip Code: | | City & Country: | |
| Phone Number and Fax: | | Passport/ID Number: | |
| Email: | | | |

| | | |
|--|---|---|
| Profession: | | |
| Name of employer/ organization or own business: | | |
| Other occupation (s), if any: | | |
| Politically exposed persons (see Appendix A for definition): | <input type="checkbox"/> I declare that I am NOT a Politically Exposed Person as defined under points 1 or 2 in Appendix A | <input type="checkbox"/> I declare that I am a Politically Exposed Person as defined under points 1 or 2 in Appendix A |

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LEGAL ENTITY ACCOUNT OPENING APPLICATION

7

| | |
|--------------------------|--|
| Estimated Annual Income: | <input type="checkbox"/> under 50k <input type="checkbox"/> 50k-100k <input type="checkbox"/> 101k-500k <input type="checkbox"/> over 500k |
| Estimated Net Worth: | <input type="checkbox"/> under 50k <input type="checkbox"/> 50k-100k <input type="checkbox"/> 101k-500k <input type="checkbox"/> over 500k |
| Source of Wealth: | <input type="checkbox"/> Business Ownership <input type="checkbox"/> Property/ Land Investments <input type="checkbox"/> Personal Saving <input type="checkbox"/> Inheritance <input type="checkbox"/> Insurance Payout <input type="checkbox"/> Return on Investments/ Shares Dividends <input type="checkbox"/> Banking Facilities <input type="checkbox"/> Family Income/ Relationship <input type="checkbox"/> Income from Employment <input type="checkbox"/> Commissions Revenues/ Bonuses <input type="checkbox"/> Other please specify _____ |

2.

| | |
|--------------------|--|
| Full Name: | |
| Permanent Address: | |

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LEGAL ENTITY ACCOUNT OPENING APPLICATION

8

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|-----------------------|--|---------------------|--|
| Postal/ Zip Code: | | City & Country: | |
| Phone Number and Fax: | | Passport/ID Number: | |
| Email: | | | |

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|--|--|--|
| Profession: | | |
| Name of employer/ organization or own business: | | |
| Other occupation (s), if any: | | |
| Politically exposed persons (see Appendix A for definition): | <input type="checkbox"/> I declare that I am NOT a Politically Exposed Person as defined under points 1 or 2 in Appendix A | <input type="checkbox"/> I declare that I am a Politically Exposed Person as defined under points 1 or 2 in Appendix A |

| | |
|--------------------------|---|
| Estimated Annual Income: | <input type="checkbox"/> under 50k <input type="checkbox"/> 50k-100k <input type="checkbox"/> 101k-500k |
|--------------------------|---|

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LEGAL ENTITY ACCOUNT OPENING APPLICATION

9

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| | <input type="checkbox"/> over 500k |
| Estimated Net Worth: | <input type="checkbox"/> under 50k <input type="checkbox"/> 50k-100k <input type="checkbox"/> 101k-500k <input type="checkbox"/> over 500k |
| Source of Wealth: | <input type="checkbox"/> Business Ownership <input type="checkbox"/> Property/ Land Investments <input type="checkbox"/> Personal Saving <input type="checkbox"/> Inheritance <input type="checkbox"/> Insurance Payout <input type="checkbox"/> Return on Investments/ Shares Dividends <input type="checkbox"/> Banking Facilities <input type="checkbox"/> Family Income/ Relationship <input type="checkbox"/> Income from Employment <input type="checkbox"/> Commissions Revenues/ Bonuses <input type="checkbox"/> Other please specify _____ |

3.

| | | | |
|-----------------------|--|---------------------|--|
| Full Name: | | | |
| Permanent Address: | | | |
| Postal/ Zip Code: | | City & Country: | |
| Phone Number and Fax: | | Passport/ID Number: | |
| Email: | | | |

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LEGAL ENTITY ACCOUNT OPENING APPLICATION

10

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|--|---|---|
| Profession: | | |
| Name of employer/ organization or own business: | | |
| Other occupation (s), if any: | | |
| Politically exposed persons (see Appendix A for definition): | <input type="checkbox"/> I declare that I am NOT a Politically Exposed Person as defined under points 1 or 2 in Appendix A | <input type="checkbox"/> I declare that I am a Politically Exposed Person as defined under points 1 or 2 in Appendix A |

| | |
|-----------------------------|---|
| Estimated Annual Income: | <input type="checkbox"/> under 50k <input type="checkbox"/> 50k-100k <input type="checkbox"/> 101k-500k <input type="checkbox"/> over 500k |
| Estimated Net Worth: | <input type="checkbox"/> under 50k <input type="checkbox"/> 50k-100k <input type="checkbox"/> 101k-500k <input type="checkbox"/> over 500k |

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LEGAL ENTITY ACCOUNT OPENING APPLICATION

11

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| Source of Wealth: | <input type="checkbox"/> Business Ownership <input type="checkbox"/> Property/ Land Investments <input type="checkbox"/> Personal Saving <input type="checkbox"/> Inheritance <input type="checkbox"/> Insurance Payout <input type="checkbox"/> Return on Investments/ Shares Dividends <input type="checkbox"/> Banking Facilities <input type="checkbox"/> Family Income/ Relationship <input type="checkbox"/> Income from Employment <input type="checkbox"/> Commissions Revenues/ Bonuses <input type="checkbox"/> Other please specify _____ |
|-------------------|--|

4.

| | | | |
|-----------------------|--|---------------------|--|
| Full Name: | | | |
| Permanent Address: | | | |
| Postal/ Zip Code: | | City & Country: | |
| Phone Number and Fax: | | Passport/ID Number: | |
| Email: | | | |

| | |
|-------------|--|
| Profession: | |
|-------------|--|

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LEGAL ENTITY ACCOUNT OPENING APPLICATION

12

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|--|--|--|
| Name of employer/ organization or own business: | | |
| Other occupation (s), if any: | | |
| Politically exposed persons (see Appendix A for definition): | <input type="checkbox"/> I declare that I am NOT a Politically Exposed Person as defined under points 1 or 2 in Appendix A | <input type="checkbox"/> I declare that I am a Politically Exposed Person as defined under points 1 or 2 in Appendix A |

| | |
|-----------------------------|--|
| Estimated Annual Income: | <input type="checkbox"/> under 50k <input type="checkbox"/> 50k-100k <input type="checkbox"/> 101k-500k <input type="checkbox"/> over 500k |
| Estimated Net Worth: | <input type="checkbox"/> under 50k <input type="checkbox"/> 50k-100k <input type="checkbox"/> 101k-500k <input type="checkbox"/> over 500k |
| Source of Wealth: | <input type="checkbox"/> Business Ownership <input type="checkbox"/> Property/ Land Investments <input type="checkbox"/> Personal Saving <input type="checkbox"/> Inheritance <input type="checkbox"/> Insurance Payout <input type="checkbox"/> Return on Investments/ Shares Dividends <input type="checkbox"/> Banking Facilities |

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LEGAL ENTITY ACCOUNT OPENING APPLICATION

13

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| | <input type="checkbox"/> Family Income/ Relationship <input type="checkbox"/> Income from Employment <input type="checkbox"/> Commissions Revenues/ Bonuses <input type="checkbox"/> Other please specify _____ |
|--|--|

SHAREHOLDER AND/OR BENEFICIAL OWNER INFORMATION

For each physical person who is a registered shareholder and/or a Beneficial Owner (for definition see Appendix B) please provide us with the following details (in case of more than four registered shareholders/beneficial owners kindly request to be provided with additional forms). For registered shareholders who are legal entities please fill in only the 'Name', 'Address', 'Postcode', 'City & Country' 'Telephone Number', 'Fax Number', 'E-Mail' and 'Percentage of Total Holding' fields.

| | | | |
|---|--|---------------------|--|
| Full Name: | | | |
| Permanent Address: | | | |
| Postal/ Zip Code: | | City & Country: | |
| Phone Number and Fax: | | Passport/ID Number: | |
| Email: | | Profession: | |
| Name of employer/ organization or own business: | | | |
| Other occupation (s), if any: | | | |

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LEGAL ENTITY ACCOUNT OPENING APPLICATION

14

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|---|--|---|
| Percentage of total holding (direct and indirect) in the applicant: | | |
| Politically exposed persons (see Appendix A for definition): | <input type="checkbox"/> I declare that I am NOT a Politically Exposed Person as defined under points 1 or 2 in Appendix A | <input type="checkbox"/> I declare that I am a Politically Exposed Person as defined under points 1 or 2 in Appendix A |
| Are you a USA citizen/resident? | <input type="checkbox"/> YES <input type="checkbox"/> NO If 'YES' Tax Number: _____ | |
| Estimated Annual Income: | <input type="checkbox"/> under 50k <input type="checkbox"/> 50k-100k <input type="checkbox"/> 101k-500k <input type="checkbox"/> over 500k | |
| Estimated Net Worth: | <input type="checkbox"/> under 50k <input type="checkbox"/> 50k-100k <input type="checkbox"/> 101k-500k <input type="checkbox"/> over 500k | |
| Source of Wealth: | <input type="checkbox"/> Business Ownership <input type="checkbox"/> Property/ Land Investments <input type="checkbox"/> Personal Saving <input type="checkbox"/> Inheritance <input type="checkbox"/> Insurance Payout <input type="checkbox"/> Return on Investments/ Shares Dividends <input type="checkbox"/> Banking Facilities <input type="checkbox"/> Family Income/ Relationship <input type="checkbox"/> Income from Employment <input type="checkbox"/> Commissions Revenues/ Bonuses <input type="checkbox"/> Other please specify _____ | |

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LEGAL ENTITY ACCOUNT OPENING APPLICATION

15

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| | | | |
|---|---|---|--|
| Full Name: | | | |
| Permanent Address: | | | |
| Postal/ Zip Code: | | City & Country: | |
| Phone Number and Fax: | | Passport/ID Number: | |
| Email: | | | |
| Profession: | | | |
| Name of employer/ organization or own business: | | | |
| Other occupation (s), if any: | | | |
| Percentage of total holding (direct and indirect) in the applicant: | | | |
| Politically exposed persons (see | <input type="checkbox"/> I declare that I am NOT a Politically Exposed Person as defined under points 1 or 2 in Appendix A | <input type="checkbox"/> I declare that I am a Politically Exposed Person as defined under points 1 or 2 in Appendix A | |

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LEGAL ENTITY ACCOUNT OPENING APPLICATION

16

| | | |
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| Appendix A for definition): | | |
| Are you a USA citizen/resident? | <input type="checkbox"/> YES <input type="checkbox"/> NO If 'YES' Tax Number: _____ | |
| Estimated Annual Income: | <input type="checkbox"/> under 50k <input type="checkbox"/> 50k-100k <input type="checkbox"/> 101k-500k <input type="checkbox"/> over 500k | |
| Estimated Net Worth: | <input type="checkbox"/> under 50k <input type="checkbox"/> 50k-100k <input type="checkbox"/> 101k-500k <input type="checkbox"/> over 500k | |
| Source of Wealth: | <input type="checkbox"/> Business Ownership <input type="checkbox"/> Property/ Land Investments <input type="checkbox"/> Personal Saving <input type="checkbox"/> Inheritance <input type="checkbox"/> Insurance Payout <input type="checkbox"/> Return on Investments/ Shares Dividends <input type="checkbox"/> Banking Facilities <input type="checkbox"/> Family Income/ Relationship <input type="checkbox"/> Income from Employment <input type="checkbox"/> Commissions Revenues/ Bonuses <input type="checkbox"/> Other please specify _____ | |

3.

| | |
|------------|--|
| Full Name: | |
|------------|--|

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LEGAL ENTITY ACCOUNT OPENING APPLICATION

17

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|---|--|--|--|
| Permanent Address: | | | |
| Postal/ Zip Code: | | City & Country: | |
| Phone Number and Fax: | | Passport/ID Number: | |
| Email: | | | |
| Profession: | | | |
| Name of employer/ organization or own business: | | | |
| Other occupation (s), if any: | | | |
| Percentage of total holding (direct and indirect) in the applicant: | | | |
| Politically exposed persons (see Appendix A for definition): | <input type="checkbox"/> I declare that I am NOT a Politically Exposed Person as defined under points 1 or 2 in Appendix A | <input type="checkbox"/> I declare that I am a Politically Exposed Person as defined under points 1 or 2 in Appendix A | |
| Are you a USA citizen/resident? | <input type="checkbox"/> YES <input type="checkbox"/> NO | | |

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LEGAL ENTITY ACCOUNT OPENING APPLICATION

18

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|--------------------------|--|----------------------------|
| | | If 'YES' Tax Number: _____ |
| Estimated Annual Income: | <input type="checkbox"/> under 50k <input type="checkbox"/> 50k-100k <input type="checkbox"/> 101k-500k <input type="checkbox"/> over 500k | |
| Estimated Net Worth: | <input type="checkbox"/> under 50k <input type="checkbox"/> 50k-100k <input type="checkbox"/> 101k-500k <input type="checkbox"/> over 500k | |
| Source of Wealth: | <input type="checkbox"/> Business Ownership <input type="checkbox"/> Property/ Land Investments <input type="checkbox"/> Personal Saving <input type="checkbox"/> Inheritance <input type="checkbox"/> Insurance Payout <input type="checkbox"/> Return on Investments/ Shares Dividends <input type="checkbox"/> Banking Facilities <input type="checkbox"/> Family Income/ Relationship <input type="checkbox"/> Income from Employment <input type="checkbox"/> Commissions Revenues/ Bonuses <input type="checkbox"/> Other please specify _____ | |

4.

| | | | |
|--------------------|--|-----------------|--|
| Full Name: | | | |
| Permanent Address: | | | |
| Postal/ Zip Code: | | City & Country: | |

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LEGAL ENTITY ACCOUNT OPENING APPLICATION

19

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|---|---|---|--|
| Phone Number and Fax: | | Passport/ID Number: | |
| Email: | | | |
| Profession: | | | |
| Name of employer/ organization or own business: | | | |
| Other occupation (s), if any: | | | |
| Percentage of total holding (direct and indirect) in the applicant: | | | |
| Politically exposed persons (see Appendix A for definition): | <input type="checkbox"/> I declare that I am NOT a Politically Exposed Person as defined under points 1 or 2 in Appendix A | <input type="checkbox"/> I declare that I am a Politically Exposed Person as defined under points 1 or 2 in Appendix A | |
| Are you a USA citizen/resident? | <input type="checkbox"/> YES <input type="checkbox"/> NO If 'YES' Tax Number: _____ | | |
| Estimated Annual Income: | <input type="checkbox"/> under 50k <input type="checkbox"/> 50k-100k <input type="checkbox"/> 101k-500k | | |

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LEGAL ENTITY ACCOUNT OPENING APPLICATION

20

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|----------------------|--|
| | <input type="checkbox"/> over 500k |
| Estimated Net Worth: | <input type="checkbox"/> under 50k <input type="checkbox"/> 0k-100k <input type="checkbox"/> 101k-500k <input type="checkbox"/> over 500k |
| Source of Wealth: | <input type="checkbox"/> Business Ownership <input type="checkbox"/> Property/ Land Investments <input type="checkbox"/> Personal Saving <input type="checkbox"/> Inheritance <input type="checkbox"/> Insurance Payout <input type="checkbox"/> Return on Investments/ Shares Dividends <input type="checkbox"/> Banking Facilities <input type="checkbox"/> Family Income/ Relationship <input type="checkbox"/> Income from Employment <input type="checkbox"/> Commissions Revenues/ Bonuses <input type="checkbox"/> Other please specify _____ |

AUTHORISED REPRESENTATIVE

For more than one Representative person kindly request to be provided with additional forms.

| | | | |
|----------------|--|------------------|--|
| Title (Mr/Ms): | | | |
| Full Name: | | | |
| Nationality: | | Passport Number: | |

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LEGAL ENTITY ACCOUNT OPENING APPLICATION

21

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|--|---|-----------------------|--|
| Place and date of Birth: | | Country of Residence: | |
| Permanent Address: | | | |
| City & Country: | | Postal/Zip Code: | |
| Mobile Number: | | Home Telephone: | |
| Fax: | | Email: | |
| Correspondence Address (if different): | | | |
| Capacity (e.g. Director, authorized Representative to open the account, authorized Representative to operate the account etc): | | | |
| Estimated Annual Income: | <input type="checkbox"/> under 50k <input type="checkbox"/> 50k-100k <input type="checkbox"/> 101k-500k <input type="checkbox"/> over 500k | | |
| Estimated Net Worth: | <input type="checkbox"/> under 50k <input type="checkbox"/> 50k-100k <input type="checkbox"/> 101k-500k <input type="checkbox"/> over 500k | | |

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Tel: +357 25 249000 **Fax:** +357 25 249009 **Email:** info@fxjet.com **Web:** www.fxjet.com

LEGAL ENTITY ACCOUNT OPENING APPLICATION

22

| | |
|-------------------|---|
| Source of Wealth: | <input type="checkbox"/> Business Ownership <input type="checkbox"/> Property/ Land Investments <input type="checkbox"/> Personal Saving <input type="checkbox"/> Inheritance <input type="checkbox"/> Insurance Payout <input type="checkbox"/> Return on Investments/ Shares Dividends <input type="checkbox"/> Banking Facilities <input type="checkbox"/> Family Income/ Relationship <input type="checkbox"/> Income from Employment <input type="checkbox"/> Commissions Revenues/ Bonuses <input type="checkbox"/> Other please specify_____ |
|-------------------|---|

PROFESSIONAL AND EDUCATIONAL BACKGROUND

| | |
|--|--|
| Profession: | |
| Name of Employer/organization or own business: | |
| Other occupation (s), if any: | |

EDUCATION BACKGROUND FOR REPRESENTATIVE

| | |
|--|---|
| Do you hold any educational or professional qualifications relevant to the type of trading/service you intend to carry with us on behalf of the person whom you represent? | <input type="checkbox"/> YES <input type="checkbox"/> NO If 'YES' please specify_____ |
|--|---|

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LEGAL ENTITY ACCOUNT OPENING APPLICATION

23

| | | |
|--|--|--|
| Was your past occupation(s) within or related to the financial sector? | | <input type="checkbox"/> YES <input type="checkbox"/> NO If 'YES' please specify _____ |
| Politically exposed persons (see Appendix A for definition): | <input type="checkbox"/> I declare that I am NOT a Politically Exposed Person as defined under points 1 or 2 in Appendix A | <input type="checkbox"/> I declare that I am a Politically Exposed Person as defined under points 1 or 2 in Appendix A |

TRADING EXPERIENCE OF REPRESENTATIVE

In which of the following types of financial instruments do you consider having sufficient knowledge and experience to conclude transactions?

| | Over 5 years | 2-5 years | 1-2 years | Less than a year |
|-------------|--------------|-----------|-----------|------------------|
| Forex | | | | |
| CFDs | | | | |
| Equities | | | | |
| Derivatives | | | | |
| Bonds | | | | |

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LEGAL ENTITY ACCOUNT OPENING APPLICATION

24

| | | | | | | |
|---------------------|----------|-----------|-----------|-------------|-------------|-----|
| Trading Frequency: | 2/day | 5/day | 10/day | 20/day | 50/day | 50+ |
| Average Trade Size: | 10k-100k | 100k-300k | 300k-500k | 500k-1 mill | Over 1 mill | |

The Appropriateness test should be undertaken by persons/Clients who wish to be treated as Professionals, as per the Client Categorization information stated in the Client Agreement provided to you. In case the Appropriateness test shall be undertaken by an authorized Representative of the Client, who shall be authorized to operate the Client's account, then points 2.1 and 2.3 below are directly addressed to the authorized Representative.

2.1 Did you carry out transactions in significant size on a relevant financial market at an average of ten (10) transactions per quarter over the previous four (4) quarters?

- YES
 NO

If your answer is 'YES' please specify the relevant financial market, type of financial instrument and the approximate size of transactions.

2.2. Does the size of your portfolio (cash deposits and financial instruments) exceeds \$ 500,000?

- YES
 NO

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25

2.3 Do you work or have you worked in the financial sector for a period of at least one (1) year in a professional position, which requires knowledge of the transactions or service(s) envisaged?

- YES** If 'YES' please specify: _____
- NO**

CONSENTS

- We declare and confirm that we have carefully read, fully understood and have agreed

to the content of the Company's Customer Account Agreement (Terms and Conditions), Order Execution Policy, General Risk Disclosure, Conflicts of Interest Policy, Privacy Policy, Investor Compensation Fund, Client Categorization, Leverage Risk Disclosure Statement and Customer Complaint Procedure.

That all information disclosed above is complete, true and accurate and we agree to promptly notify the Company of any changes in this information or it ceases to be true and accurate.

That the documents handed over by us are valid and authentic.

The funds we will use with the Company are not in any direct or indirect way the proceeds of any illegal activity or used or intended to be used for terrorist financing.

LEGAL ENTITY ACCOUNT OPENING APPLICATION

26

| | |
|--|--|
| | |
|--|--|

CLIENT SIGNATURE

CLIENT FULL NAME

| |
|--|
| |
|--|

Date (DD/MM/YYYY)

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LEGAL ENTITY ACCOUNT OPENING APPLICATION

27

INITIAL LIST OF REQUIRED DOCUMENTS

1. Certificate of incorporation.
2. Recent (up to 6 months) certificate of good standing.
3. Certificate of registered office.
4. Certificate of directors and secretary.
5. Certificate of shareholders.
6. Memorandum and articles of association.
7. Resolution of the Board of Directors of the Client for the opening of the account and granting authority to those who will operate it.
8. If the registered shareholders act as nominees of the Beneficial Owner (see definition in Appendix B), a copy of the trust deed/agreement concluded between the nominee shareholder and the Beneficial Owner, by virtue of which the registration of the shares on the nominee shareholder's name on behalf of the Beneficial Owner has been agreed.
9. Financial Statements of the last year

For each Director of the Client who is a natural/physical person, as per the certificate of Directors, the following documents are required:

- Copy of Passport (for Directors not residing in Cyprus. Photograph, personal details, signature, issue & expiry dates, place and date of issue, serial number to be clearly visible).
- Copy of Driving License, Passport or National Identity Card (for Directors who are residing in Cyprus).
- Copy of a recent (up to 6 months) utility bill, local authority tax bill or a bank statement showing residential address.

LEGAL ENTITY ACCOUNT OPENING APPLICATION

28

For each Director of the Client who is a legal entity, as per the certificate of Directors, the following documents are required:

- Certificate of incorporation.
- Recent (up to 6 months) certificate of good standing.
- Certificate of registered office.
- Certificate of directors and secretary.
- Certificate of shareholders.
- Memorandum and articles of association.

For each physical person who is a registered shareholder or/and a Beneficial Owner (for definition see Appendix B) of the Client the following documents are required:

- Copy of Passport (for persons not residing in Cyprus. Photograph, personal details, signature, issue & expiry dates, place and date of issue, serial number to be clearly visible).
- Copy of Driving License, Passport or National Identity Card (for persons who are residing in Cyprus).
- Copy of a recent (up to 6 months) utility bill, local authority tax bill or a bank statement showing residential address.

For each legal entity who is a registered shareholder of the Client the following documents are required:

- Certificate of incorporation.
- Recent (up to 6 months) certificate of good standing.
- Certificate of registered office.
- Certificate of directors and secretary.
- Certificate of shareholders.
- Memorandum and articles of association.

LEGAL ENTITY ACCOUNT OPENING APPLICATION

29

For Representatives authorized to open and/or operate the Client's account the following documents must also be provided for each Representative person:

- legalized or apostilled document – authorizing the Representative person (if different than any of the Directors) to act on behalf of the Client.
- Copy of Passport (for Representatives not residing in Cyprus. Photograph, personal details, signature, issue & expiry dates, place and date of issue, serial number to be clearly visible).
- Copy of Driving License, Passport or National Identity Card (for Representatives who are residing in Cyprus).
- Copy of a recent (up to 6 months) utility bill, local authority tax bill or a bank statement.
- Board of Directors Resolution for the Appointment of an authorized Representative
- Special Power of Attorney

Remarks

1. Certification standards: Copies of documents may be certified as true copies if the Client is from the EEA or an Approved country and Apostilled if the Client is from any other jurisdiction.

2. Certified (True) Copy means that the person certifying the copy of the document has had sight of the original document at certification and is in a position to certify that the copy is a True and complete copy of the original document. FXJET recognizes such certifications when made by independent reputable sources. Such sources must be operating in the EEA or an Approved Country and indicatively include the Client's Bank, the Client's Legal Counsel, a Solicitor/Lawyer or Public Accountant regulated by a professional body (membership number required). The Company requires that the certification process includes the Authenticator stating his name, capacity/position, signature, date and Official Seal on the documents being certified.

3. Apostilled copies: Documents should be apostilled in accordance with the provisions of the relevant Hague Convention.

LEGAL ENTITY ACCOUNT OPENING APPLICATION

30

4. Kindly note that the Company may always and at any time revert back to you requesting further information, clarifications and documentation from your behalf with respect to your application for opening an account or the maintenance and continuation of your account following approval.

APPENDIX A

1. POLITICALLY EXPOSED PERSON

The meaning 'Politically Exposed Persons' includes the following natural persons who are or have been entrusted with prominent public functions' in Cyprus or abroad:

1. Heads of State, heads of government, ministers and deputy or assistant ministers;
2. Members of parliaments;
3. Members of supreme courts, of constitutional courts or of other high-level judicial bodies whose decisions are not subject to further appeal, except in exceptional circumstances;
4. Members of courts of auditors or of the boards of central banks;
5. Ambassadors and high- ranking officers in the armed forces;
6. Members of the administrative, management or supervisory bodies of State- owned enterprises.

None of the categories set out above should be understood as covering middle ranking or more junior officials.

Further, where a person has ceased to be entrusted with a prominent public function within the meaning of the above definition for a period of at least one year, such persons shall not be considered a Politically Exposed Person.

2. IMMEDIATE FAMILY OR CLOSE ASSOCIATES

Politically Exposed Persons are also the immediate family members of such persons as set out under Definition 1, which means:

1. The spouse or the person with which cohabit for at least one year;

LEGAL ENTITY ACCOUNT OPENING APPLICATION

32

2. The children and their spouses or the persons with which cohabit for at least one year;

3. The parents.

Politically exposed persons are also persons known to be close associates of such persons as set out under Definition 1, which means:

Any natural person who is known to have joint beneficial ownership of legal entities or legal arrangements, or any other close business relations, with a person referred to in Definition 1;

Any natural person who has sole beneficial ownership of a legal entity or legal arrangement which is known to have been set up for the benefit de facto of the person referred to in Definition 1.

APPENDIX B

“Beneficial Owner” means the natural person or natural persons, who ultimately owns or control the Client and/or the natural person on whose behalf a transaction or activity is being conducted. The Beneficial Owner shall at least include:

(a) In the case of corporate entities:

i. the natural person or natural persons, who ultimately own or control a legal entity through direct or indirect ownership or control of a sufficient percentage of the shares or voting rights in that legal entity, including through bearer share holdings, a percentage of 10% plus one share be deemed sufficient to meet this criterion.

ii. the natural person or natural persons, who otherwise exercise control over the management of a legal entity.

(b) In the case of legal entities, such as foundations and legal arrangements, such as trusts, which administer and distribute funds:

LEGAL ENTITY ACCOUNT OPENING APPLICATION

33

i. where the future beneficiaries have already been determined, the natural person or natural persons who is the beneficiary of 10% or more of the property of a legal arrangements or entity;

ii. where the individuals that benefit from the legal arrangement or entity have not yet to be determined, the class of persons in whose main interest the legal arrangement or entity is set up or operates.

lii. the natural person or natural persons who exercise control over 10% or more of the property of a legal arrangement or entity.

1. Before completing this Application Form, you should make sure you have read and understood all the information regarding your Client Account, including the applicable Agreements (Customer Account Agreement (Terms and Conditions) and Client Categorization Policy, Investor Compensation Fund, Conflicts of Interest Policy, Privacy Policy, Leverage Risk Disclosure Statement, Order Execution Policy, General Risk Disclosure and Customer's Complaints Procedure).

2. Please complete all information below in this Application Form as accurately as possible in block capital letters.

3. Please note that we cannot accept you as a Client (under Applicable Regulations) and open a Client Account for you, unless all the above documents are properly received by us and all internal checks are duly satisfied.

4. For any questions regarding this Application Form or the Agreement you may contact us by email at **support@fxjet.com** or via Client Portal.