

1. Company Details

Legal Name of Company	<input type="text"/>	Place of Incorporation	<input type="text"/>
Registered Office Address	<input type="text"/>		
City/State	<input type="text"/>	Registration No.	<input type="text"/>
Physical Office Address	<input type="text"/>		
Products and Services Being Offered	<input type="text"/>	Countries Where Business Takes Place	<input type="text"/>
Tax Identification Number (TIN)	<input type="text"/>		
Phone No.	<input type="text"/>	Email	<input type="text"/>
Company Type:	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Limited Company <input type="checkbox"/> Partnership <input type="checkbox"/> Other, please specify:		
<input type="text"/>			
Account Usage:	<input type="checkbox"/> Company own use <input type="checkbox"/> Client Account <input type="checkbox"/> Other, please specify:		

2. Directors Details

For each natural person Director please provide us with the following details

Politically Exposed Person means:

an individual who is or has been entrusted with a prominent public function other than as a middle ranking or more junior official (and includes a head of state, head of government, senior politician, senior government, judicial or military official, senior executive of a state-owned corporation and any important political party official);

1. Director Titles: Mr Mrs Ms Other:

Name	<input type="text"/>	Surname	<input type="text"/>
Passport No.	<input type="text"/>		
Address	<input type="text"/>		
Director's Birth Place	<input type="text"/>	Date of Birth	<input type="text"/>
City/State	<input type="text"/>	Post Code	<input type="text"/>
Phone No.	<input type="text"/>	Email	<input type="text"/>
Profession	<input type="text"/>		

Occupation Type Full Time Part Time Self-employed Unemployed

Are you a US citizen for tax purposes?

No Yes, Tax Identification No. (TIN)

Are you a Politically Exposed Person?

No Yes

2. Director

Titles: Mr Mrs Ms Other:

Name Surname

Passport No.

Address

Director's Birth Place Date of Birth

City/State Post Code

Phone No. Email

Profession

Occupation Type Full Time Part Time Self-employed Unemployed

Are you a US citizen for tax purposes?

No Yes, Tax Identification No. (TIN)

Are you a Politically Exposed Person?

No Yes

3. Director

Titles: Mr Mrs Ms Other:

Name Surname

Passport No.

Address

Director's Birth Place Date of Birth

City/State Post Code

Phone No. Email

Profession

Occupation Type Full Time Part Time Self-employed Unemployed

Are you a US citizen for tax purposes?

No Yes, Tax Identification No. (TIN)

Are you a Politically Exposed Person?

No Yes

3. Senior Management Details

Senior management means an officer or employee with sufficient knowledge of the institution's money laundering and terrorist financing risk exposure and sufficient seniority to take decisions affecting its risk exposure, and need not, in all cases, be a member of the board of directors

1. Senior Management Titles: Mr Mrs Ms Other:

Name Surname

Phone No. Email

Occupation Type Full Time Part Time Self-employed Unemployed

Profession

2. Senior Management Titles: Mr Mrs Ms Other:

Name Surname

Phone No. Email

Occupation Type Full Time Part Time Self-employed Unemployed

Profession

4. Shareholders Details

For each natural person or legal entity who is a registered shareholder holding 10%+ please provide us with the following details

1. Shareholder

Titles: Mr Mrs Ms Other: Ownership: %

Name Surname

Passport No.

Address

Shareholder's Birth Place Date of Birth

City/State Post Code

Phone No. Email

Profession

Occupation Type Full Time Part Time Self-employed Unemployed

Are you a US citizen for tax purposes?

No Yes, Tax Identification No. (TIN)

Are you a Politically Exposed Person?

No Yes

2. Shareholder

Titles: Mr Mrs Ms Other: Ownership: %

Name Surname

Passport No.

Address

Shareholder's Birth Place Date of Birth

City/State Post Code

Phone No. Email

Profession

Occupation Type Full Time Part Time Self-employed Unemployed

Are you a US citizen for tax purposes?
 No Yes, Tax Identification No. (TIN)

Are you a Politically Exposed Person?
 No Yes

3. Shareholder

Titles: Mr Mrs Ms Other: Ownership: %

Name Surname

Passport No.

Address

Shareholder's Birth Place Date of Birth

City/State Post Code

Phone No. Email

Profession

Occupation Type Full Time Part Time Self-employed Unemployed

Are you a US citizen for tax purposes?
 No Yes, Tax Identification No. (TIN)

Are you a Politically Exposed Person?
 No Yes

5. Ultimate Beneficial Owner Details

For each natural person who is an Ultimate Beneficial Owner holding 10%+ please provide us with the following details
Beneficial Owner:

- (a) means the natural person —
- (i) who ultimately owns or controls a customer; or
- (ii) on whose behalf a transaction is being conducted; and
- (b) includes those natural persons who exercise ultimate control over a legal person or arrangement.

1. Ultimate Beneficial Owner

Titles: Mr Mrs Ms Other: Ownership: %

Name Surname

Passport No.

Address

UBO's Birth Place Date of Birth

City/State Post Code

Phone No. Email

Profession

Occupation Type Full Time Part Time Self-employed Unemployed

Are you a US citizen for tax purposes?

No Yes, Tax Identification No. (TIN)

Are you a Politically Exposed Person?

No Yes

2. Ultimate Beneficial Owner

Titles: Mr Mrs Ms Other: Ownership: %

Name Surname

Passport No.

Address

UBO's Birth Place Date of Birth

City/State Post Code

Phone No. Email

Profession

Occupation Type Full Time Part Time Self-employed Unemployed

Are you a US citizen for tax purposes?

No Yes, Tax Identification No. (TIN)

Are you a Politically Exposed Person?

No Yes

3. Ultimate Beneficial Owner

Titles: Mr Mrs Ms Other: Ownership: %

Name Surname

Passport No.

Address

UBO's Birth Place Date of Birth

City/State Post Code

Phone No. Email

Profession

Occupation Type Full Time Part Time Self-employed Unemployed

Are you a US citizen for tax purposes?
 No Yes, Tax Identification No. (TIN)

Are you a Politically Exposed Person?
 No Yes

6. Authorized Representative

Execution Notice

The undersigned Account Holder hereby certifies, acknowledges and understands, having carefully completed this session, that access rights/queries/instructions made by the Authorised Individual(s) listed herein, with regard to the corresponding access level (as the case may be), will bind the Account Holder in its contractual relationship with FTWI, and shall remain valid independently of any entries made in the register of commerce or any other official publication as long as (i) a revocation of an Authorised Individual(s) is not explicitly notified to and acknowledged by FTWI or (ii) FTWI (at its sole discretion) has not cancelled the Authorised Individual(s) authorisation. The Account Holder furthermore attests that any damages suffered by FTWI as a result of granting access/responding to queries and/or relying on instructions from the Authorised Individual(s), shall be borne by the Account Holder.

The Account Holder will ensure that the Authorised Individual(s) listed herein will keep strictly confidential and secure all the information coming from FTWI. It is understood by the Account Holder that FTWI reserves the right to refrain itself from disclosing information that FTWI in its sole discretion considers not to be in scope of the relevant Authorised Individual(s). The Account Holder hereto warrants that FTWI's Standard Terms of Business (as applicable and as amended from time to time) shall not be infringed upon by the Authorised Individual(s) and, to the extent permissible by law, the Account Holder shall indemnify and keep indemnified FTWI from and against all losses incurred in connection with all acts and omissions of the Authorised Individual(s).

FTWI reserves the right, at its sole discretion, to restrict, suspend or withdraw the authorisation hereto granted by the Account Holder to the Authorised Individual(s).

The Account Holder furthermore declares that it has informed the Authorised Individual(s) that FTWI may, in connection with the hereto authorisation, process personal data about the Authorised Individual(s) (such as full name, address, telephone numbers and/or e-mail addresses) and has made the Authorised Individual(s) fully aware of FTWI's Privacy Notice and the relevant Data Protection sections contained in FTWI's Standard Terms of Business (as amended from time to time).

Guidance for Authorised Representative Access Rights

	Communication Email/ Telephone		Login		Account Changes/ Appointments & Execution of Documents	Transaction Rights	
	General	Technical	CFTrade Pro	Back-Office Reports		Internal Transfers	Withdrawals
Director/ Signatory	✓	✓			✓	✓	✓
Authorized Trader	✓	✓	✓	✓		✓	
Operator	✓	✓	Read Only	✓			
IT Contact	✓	✓					
Finance Contact	✓						

1. Authorized Representative

Titles: Mr Mrs Ms Other:

Name Surname

Position

Phone No. Email

Role and Access Right Director Authorized Trader Operator IT Contact Finance Contact

Signatory Solo Signatory Join Signatory

2. Authorized Representative

Titles: Mr Mrs Ms Other:

Name Surname

Position

Phone No. Email

Role and Access Right Director Dealer Operator IT Contact Finance Contact

Signatory Solo Signatory Join Signatory

3. Authorized Representative

Titles: Mr Mrs Ms Other:

Name Surname

Position

Phone No. Email

Role and Access Right Director Authorized Trader Operator IT Contact Finance Contact

Signatory Solo Signatory Join Signatory

7. Financial Information

Total Assets	<input type="text"/>	USD	Previous Year Profit and loss	<input type="text"/>	USD
Liabilities	<input type="text"/>	USD	Latest Year Profit and loss	<input type="text"/>	USD

8. Questionnaires - Economic Profile

1.What is the amount that you expect to deposit in the next 12 month? (USD)

<50,000 50,000 - 100,000

100,000 - 200,000 >200,000

2.Expected frequency of transactions per year:

- 1-10
- 11-20
- 21-50
- 51-100
- 100+

3.Anticipated annual turnover (withdrawals and deposits of funds and securities from/to the account with the Company) (USD):

- Up to 100,000
- 100,000 – 200,000, please specify:
- 200,000 – 500,000, please specify:
- 500,000 – 1,000,000, please specify:
- If over 1,000,000 please specify:

4.What is the expected origin of incoming funds to be credited in the account (please name credit institutions and investment firms):

5.The expected destination of outgoing transfers/payments (please name credit institutions and investment firms):

6.Intended Purpose and Nature of Transactions?

- Hedging
- Risk Management
- Capital Maintenance
- Other - please specify
- Speculative
- Investment
- Additional Income

7.Professional experience of the authorized trader or qualifications which would assist your understanding of our services.

- Recent work experience in a financial institution
- Both of the above
- A relevant professional qualification and/or education
- None of the above

8. Do Company’s Management or person responsible for trade decisions (authorized signatory/representative), have any financial education, such as degree in finance, accounting, banking or similar?

- Yes, please specify
- No

9.How many times have your authorized trader traded in over-the-counter (OTC) derivatives (e. contracts for differences, rolling spot Forex) over the past three years?

- Never
- 5 - 10
- 10 - 25
- >25

10.Do you understand that trading on CFDs carries significant risk of loss?

- Yes
- No

9. Initial List of Required Documents

- 1. To be provided with signed Account Opening Form
- 2. Certificate of Incorporation
- 3. Articles of Association / Memorandum
- 4. Documents confirming the Company's ownership structure: Certificate of Directors, Certificate of Shareholders and Certificate of Registered Office – if these certificates are not available, please provide Certificate of Incumbency (including number of issued shares, registered address and all directors and shareholders) (within 6 months)
- 5. Valid proofs of identity for directors, shareholders and UBOs (10%+): Copies of passports or national identity cards.
- 6. Proofs of address for directors, shareholders and UBOs (10%+): copies of the utility bill or bank statement issued not more than 3 months ago.
- 7. Certificate of good standing (within 6 months)
- 8. Latest audited financial statements or equivalent
- 9. Bank statement or Credit card statement (within 3 months) - showing account name and registered address, IBAN, bank name and address, SWIFT code and currency, that will be used to fund the FT Worldwide account
- 10. Organisational chart
- 11. Signed Board Resolution of the Company to open an account with FT Worldwide Investments Limited

****We understand that some of the above documents may not exist in your Jurisdiction. In those cases, please provide us with the local equivalent documents. The Company will review all the documents and revert with its final decision for the account and the need for any additional document (if applicable).**

10. Signature

By signing below, you are confirming the information stated above is complete, true and accurate. In the case of any amendment of the stated information, you need to inform the Company and provide the relevant documents

I hereby confirm that I am authorised to complete and sign the Account Opening Form and I affirm that the above given statements are true and correct. All the exceptions to the questions / assertions above have been separately and fully identified in writing as part of this questionnaire.

Director Signatory

Signature

Joint Director/ Signatory (if applicable)

Signature

Full Name:

Full Name:

Date:

Date: