

# 1. Company Details

Legal Name of Company

## 2. Additional Director / Shareholder / Ultimate Beneficial Owner Details

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

For each natural person or legal entity who is a registered shareholder holding 10%+ or an Ultimate Beneficial Owner please provideus with the following details

<b>1. Capacity:</b> Director Shareholder	Ultimate Beneficial Owner Ownership %
Titles: Mr Mrs Ms Dr	Other:
Full Name	Passport No.
Address	
Origin	
City/State	Post Code
Phone No.	Email
Profession	
Occupation Type	Part Time Self-employed Unemployed
Are you a US citizen for tax purposes?	
No Yes, Tax Identification No. (TI	N)
2. Capacity: Director Shareholder	Ultimate Beneficial Owner Ownership %
<b>2. Capacity:</b> Director   Shareholder     Titles:   Mr   Mrs   Ms   Dr	Ultimate Beneficial Owner Ownership %
Titles: Mr Mrs Ms Dr	Other:
Titles: Mr Mrs Ms Dr	Other:
Titles: Mr Mrs Ms Dr Full Name	Other:
Titles: Mr Mrs Ms Dr Full Name Address Origin	Other: Passport No
Titles: Mr Mrs Ms Dr Full Name Address Origin City/State	Other:       Passport No.         Passport No.         Post Code
Titles: Mr Mrs Ms Dr Full Name Address Origin City/State Phone No.	Other:       Passport No.         Passport No.         Post Code
Titles: Mr Mrs Ms Dr Full Name Address Origin City/State Phone No. Profession	Other:   Passport No.     Post Code     Email



# Corporate Account Opening Form Appendix A

3. Capac	ity:	Direct	or	Shareho	lder	Ultimate Bene	eficial Owner	Ownership	%
Titles:	Mr	Mrs	Ms	Dr	Ot	her:			
Full Name						Passport No.			
Address									
Origin									
City/State						Post Code			
Phone No.						Email			
Profession									
Occupation T	ype		Full T	ime	Pa	irt Time	Self-employe	d Unemployed	
Are you a US	citizen f	or tax purp	oses?						
No	Ye	S,	Tax Ident	ification N	o. (TIN)				
4. Capac	ity:	Direct	or	Shareho	older	Ultimate Bene	eficial Owner	Ownership	%
4. Capac	i <b>ty:</b> Mr	Direct	or	Shareho		Ultimate Bene	eficial Owner	Ownership	]%
_	-						eficial Owner	Ownership	%
Titles:	-					her:	eficial Owner	Ownership	]%
Titles:	-					her:	eficial Owner	Ownership	]%
Titles:	-					her:	eficial Owner	Ownership	]%
Titles:	-					her:	eficial Owner	Ownership	]% 
Titles:	-					her: Passport No.	eficial Owner	Ownership	]%
Titles: Full Name Address Origin City/State	-					her: Passport No.	eficial Owner	Ownership	]%
Titles: Full Name Address Origin City/State Phone No.	Mr					her: Passport No.	eficial Owner		]%
Titles: Full Name Address Origin City/State Phone No. Profession	Mr	Mrs	Ms			her: Passport No. Post Code Email			]%



## 3. 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

		nication elephone	Lo	gin	Account Changes/ Appointments &	Transaction Rights	
	General	Technical	CFTrade Pro	Back-Office Reports	Execution of Documents	Internal Transfers	Withdrawals
Director/ Signatory							$\overline{}$
Dealer							
Operator			Read Only				
IT Contact							
Finance Contact							

## 1. Authorized Representative

Titles: Mr Mrs Ms Dr Other	:
Full Name	Position
Phone No.	Email
Role and Access Right Director Dealer	Operator IT Contact Finance Contact
Signatory Solo Signatory	Join Signatory
2. Authorized Representative Titles: Mr Mrs Ms Dr Other	:
Full Name	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 Dr Other:
Full Name Position
Phone No. Email
Role and Access Right Director Dealer Operator IT Contact Finance Contact
Signatory Solo Signatory Join Signatory
4. Authorized Representative
Titles: Mr Mrs Ms Dr Other:
Full Name Position
Phone No. Email
Role and Access Right Director Dealer Operator IT Contact Finance Contact
Signatory Solo Signatory Join Signatory
<b>4. Signature</b> By signing below, you are confirming the information stated above is both accurate and complete:
Director Signatory Joint Director/ Signatory (if applicable)
Signature by hand Signature by hand
Full Name: Full Name:

Date:

Date: