

INDIVIDUAL ACCOUNT OPENING APPLICATION

INSTRUCTIONS FOR COMPLETION

1. Please make sure you have read and understood all information regarding Brickhill Capital trading account and its Terms of Business before completing this form.
2. Please type your information directly into the fillable form as accurately as possible. If handwritten, please write clearly in BLOCK LETTERS.
3. To comply with money laundering regulation, you are required to send in the following
 - Proof of Identity**
 - Certified true copy of your valid passport
 - The copy must be fully legible
 - The copy must be certified true copy by a public notary, official government authority or lawyer
 - The copy must be in colour
 - The copy must carry a clear and identifiable photograph
 - The copy must carry a signature which is the same signature in this form's declaration
 - Proof of Residence**
 - Original or certified true copy of your social security card / bank statement / utility bill
 - If the copy is not an original, it must be certified true copy by a public notary, official government authority or lawyer; or sighted as original by an authorised representative of Brickhill Capital
 - The copy must be in colour
 - The copy must be issued in your name
 - The copy must contain your registered address
 - The copy must be issued within the last 3 months
 - The copy cannot be the same as provided for in proof of identity
4. Please send the completed form with the supporting documents via e-mail to applications@brickhillcap.com.
5. Detailed information on how to transfer funds can be found in the enclosed "Standard Settlement Instructions".

SECTION 1: ACCOUNT DETAILS

Please choose the type of account you would like to open:

 Learning Basic Professional VIP

Please choose base currency for your account.

 USD GBP EUR JPY AUD NZD

Estimated Initial Deposit Amount in USD: _____

SECTION 2: PERSONAL DETAILS

Salutation	
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Mdm. <input type="checkbox"/> Dr.	
Full Name	Last Name
Date of Birth (dd/mm/yy)	Nationality
Passport No.	Marital Status
Registered Address	
Street Name and No.	
City	State / Province
Country	Postal Code
Mailing Address (If different from above)	
Street Name and No.	
City	State / Province
Country	Postal Code
Contact Details	
Home Phone Number	Mobile Phone Number
Business Phone Number	Fax Number
E-mail Address (This will be the primary method used to contact you)	

SECTION 3: EMPLOYMENT DETAILS

Employment Status		
<input type="checkbox"/> Employed	<input type="checkbox"/> Self-employed	<input type="checkbox"/> Unemployed
<input type="checkbox"/> Student	<input type="checkbox"/> Retired	<input type="checkbox"/> Other (please specify: _____)
Employer / Company Name		
Employer / Company Address		
Type of Business / Activity		
Position and Title	No of Years in Office	

SECTION 4: FINANCIAL DETAILS

Approximate Annual Income or Profits:

- | | | |
|---|---|---|
| <input type="checkbox"/> Less than USD 30,000 | <input type="checkbox"/> USD 30,001 to USD 100,000 | <input type="checkbox"/> USD 100,001 to USD 200,000 |
| <input type="checkbox"/> USD 200,001 to USD 300,000 | <input type="checkbox"/> USD 300,001 to USD 500,000 | <input type="checkbox"/> Above USD 500,000 |

Approximate Net Worth of Your Financial Instrument Portfolio:

- | | | |
|---|---|---|
| <input type="checkbox"/> Less than USD 30,000 | <input type="checkbox"/> USD 30,001 to USD 100,000 | <input type="checkbox"/> USD 100,001 to USD 200,000 |
| <input type="checkbox"/> USD 200,001 to USD 300,000 | <input type="checkbox"/> USD 300,001 to USD 500,000 | <input type="checkbox"/> Above USD 500,000 |

Source of Estimated Investment Amount with Brickhill Capital:

- | | | |
|--------------------------------------|---|---|
| <input type="checkbox"/> Savings | <input type="checkbox"/> Earned Income | <input type="checkbox"/> Pension |
| <input type="checkbox"/> Inheritance | <input type="checkbox"/> Financial Markets Earnings | <input type="checkbox"/> Other, (please specify: _____) |

Did you open a demo account with Brickhill Capital previously?

- No
 Yes, account number: _____

SECTION 5: BANK ACCOUNT DETAILS

Bank Name
Bank Address
Account Holder's Name
Joint Account Holder's Name
SWIFT Code / ABA / IBAN
Account Number

SECTION 7: REFERER (If applicable)
Got to know us from a Partner? Please select.

Please key in Referrer's no: _____

SECTION 8: MARKUP & TRADING COMMISSION (If applicable)

In consideration of the trading executed through Brickhill Capital (NZ) Limited, the Introducing Broker and the Client hereunder agree that the Introducing Broker shall charge the Client the markup and trading commission listed in the Markup & Trading Commission Table stated below. The Markup & Trading Commission Table shall be completed by the Introducing Broker with the agreement and understanding of the Client. The distribution service of the markup and trading commission will be provided by Brickhill Capital Investments Limited.

Introducing Broker's Full Name & Referrer Number	
Markup (pips per R/T lot)	Trading Commission (USD per R/T lot)
Account Authorised Signatory	Introducing Broker Authorised Signatory
Date (dd/mm/yy)	Date (dd/mm/yy)

DECLARATION & ACKNOWLEDGEMENT

I hereby confirm all the information above is true and correct and I/we will inform Brickhill Capital about any change in the information submitted. I have also been notified that this information is confidential and will not be disclosed to anybody by Brickhill Capital.

I acknowledge that I have received, read and understood the following sections of Brickhill Capital's Standard Terms of Business. By signing below I accept and agree to be bound by the Terms of Business. Visit <http://brickhillcap.com/downloads.html> to read Brickhill Capital's Standard Terms of Business.

I have a good understanding of the risks involved in trading in leveraged derivatives.

Yes

No

SIGNED BY THE CLIENT

Authorised Signatory

Print Name:

Date (dd/mm/yy):