

CORPORATE INTRODUCING BROKER 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.	<p>To comply with money laundering regulation, you are required to send in the following</p> <p><input type="checkbox"/> <u>Proof of Identity</u> Certified true copy of your valid passport</p> <ul style="list-style-type: none"> • 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 <p><input type="checkbox"/> <u>Proof of Residence</u> Original or certified true copy of your social security card / bank statement / utility bill</p> <ul style="list-style-type: none"> • 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 <p><u>Documentation</u> All documents required are to be certified true copy by a public notary, official government authority or lawyer</p> <ul style="list-style-type: none"> <input type="checkbox"/> Certificate of Incorporation <input type="checkbox"/> Board Resolution <input type="checkbox"/> Certificate of Good Standing (only applicable to corporation established more than 12 months) <input type="checkbox"/> Memorandum & Articles of Association <input type="checkbox"/> Certificate of Incumbency, or an official document, listing the directors in charge (issued by an official state authority) Recent bank statement / utilities bill / local tax bill of the company (issued within the last 3 months)
4.	Please send the completed form with the supporting documents via e-mail to applications@brickhillcap.com .

SECTION 1: CORPORATE DETAILS

Company Name	
Date of Incorporation	Country of Incorporation
Type of Business	Nature of Business / Sector of Activity
Company Registration Number	Company Website
Annual Turnover (in USD)	Total Value of Net Assets (in USD)
Registered Address	
Street Name and Number	
City	State or Province
Country	Postal Code
Mailing Address (If different from Above)	
Street Name and Number	
City	State or Province
Country	Postal Code

SECTION 2: CONTACT DETAILS

Salutation	Position and Title	
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Mdm. <input type="checkbox"/> Dr		
Full Name of Main Contact Person		
Business Phone Number	Mobile Phone Number	Fax Number
E-mail Address (This will be the primary method used to contact you)		

SECTION 3: CORPORATE BANK ACCOUNT DETAILS

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

SECTION 4: DIRECTOR(S) OF COMPANY

Director (1)		
Full Name		
Date of Birth (dd/mm/yyyy)	Passport No.	Nationality
Phone Number	Email Address	
Registered Address		
Director (2)		
Full Name		
Date of Birth (dd/mm/yyyy)	Passport No.	Nationality
Phone Number	Email Address	
Registered Address		
Director (3)		
Full Name		
Date of Birth (dd/mm/yyyy)	Passport No.	Nationality
Phone Number	Email Address	
Registered Address		
Director (4)		
Full Name		
Date of Birth (dd/mm/yyyy)	Passport No.	Nationality
Phone Number	Email Address	
Registered Address		

SECTION 5: BENEFICIAL OWNER(S) (Individuals or companies owning more than 10% of the company)

Beneficial Owners (1)	
Full Name of Individual or Company	
Shareholding Percentage	Nationality or Country of Incorporation
Phone Number	Email Address
Registered Address	
Beneficial Owners (2)	
Full Name of Individual or Company	
Shareholding Percentage	Nationality or Country of Incorporation
Phone Number	Email Address
Registered Address	
Beneficial Owners (3)	
Full Name of Individual or Company	
Shareholding Percentage	Nationality or Country of Incorporation
Phone Number	Email Address
Registered Address	
Beneficial Owners (4)	
Full Name of Individual or Company	
Shareholding Percentage	Nationality or Country of Incorporation
Phone Number	Email Address
Registered Address	

Is the company a state owned company, or does the company belong to a group of companies?

No Yes, (please elaborate: _____)

Do any of the directors or beneficial owner of the company hold any prominent public office, or have close family, personal or business relations with a person holding a prominent public office?

No Yes, (please elaborate: _____)

Is any of the immediate family members or close associate of any of the director(s) or beneficial owner(s) of the company such a person? (Spouse or the person with which cohabit for at least one year, children and their spouses or the persons with which cohabit for at least one year, parents, 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 Politically Exposed Person (PEP), 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 a PEP)

No Yes, (please elaborate: _____)

Is any of the director(s) or beneficial owner(s) of the company engaged in business activities involving electronic gambling / gaming activities through the Internet?

No Yes, (please elaborate: _____)

Does any of the director(s) or beneficial owner(s) of the company offer services (e.g. payment provider, software house, card acquirer) to persons involved in electronic gambling / gaming activities through the Internet?

No Yes, (please elaborate: _____)

Has any of the director(s) or beneficial owner(s) of the company ever been declared bankrupt?

No Yes, (please elaborate: _____)

SECTION 6: AUTHORISED SIGNATORY (IES)

How many signatories are required to authorise (ies) any transactions and/or changes for the account?

- One signatory only Two signatories only
 Three signatories only Four signatories only

Signature (1)	Signature (2)
Full Name	Full Name
Last Name	Last Name
Date of Birth (dd/mm/yy)	Date of Birth (dd/mm/yy)
Nationality	Nationality
Phone Number	Phone Number
E-mail Address	E-mail Address
Address	Address
Specimen Signature	Specimen Signature
Date (dd/mm/yy)	Date (dd/mm/yy)
Signature (3)	Signature (4)
Full Name	Full Name
Last Name	Last Name
Date of Birth (dd/mm/yy)	Date of Birth (dd/mm/yy)
Nationality	Nationality
Phone Number	Phone Number
E-mail Address	E-mail Address
Address	Address
Specimen Signature	Specimen Signature
Date (dd/mm/yy)	Date (dd/mm/yy)

SECTION 7: REFERENCE (If applicable)

Got to know us from a Partner? Please select.

Please key in Referrer's no: _____

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 and Introducing Broker Agreement. By signing below I accept and agree to be bound by both the Terms of Business and Introducing Broker Agreement. Visit <http://brickhillcap.com/downloads.html> to read Brickhill Capital's Standard Terms of Business and Introducing Broker Agreement.

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

Yes

No

SIGNED BY AUTHORISED SIGNATORY(IES)			
Authorised Signature (1)		Authorised Signature (2)	
Print Name:	Date (dd/mm/yy):	Print Name:	Date (dd/mm/yy):
Authorised Signature (3)		Authorised Signature (4)	
Print Name:	Date (dd/mm/yy):	Print Name:	Date (dd/mm/yy):