

INDIVIDUAL INTRODUCING BROKER ACCOUNT APPLICATION

INSTRUCTIONS FOR COMPLETION	
1.	Please make sure you have read and understood all information regarding Brickhill Capital Introducing Broker 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 <ul style="list-style-type: none"><input type="checkbox"/> <u>Proof of Identity</u> Certified true copy of your valid passport<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<input type="checkbox"/> <u>Proof of Residence</u> Original or certified true copy of your social security card / bank statement / utility bill<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
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: 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 2: 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 3: BANK ACCOUNT DETAILS

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

SECTION 4: 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 THE INDIVIDUAL INTRODUCING BROKER

Authorised Signatory

Print Name:

Date (dd/mm/yy):