

CORPORATE MONEY MANAGER 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> <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 <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 authorize (ies) any transactions and/or changes for the account?

- | | |
|---|--|
| <input type="checkbox"/> One signatory only | <input type="checkbox"/> Two signatories only |
| <input type="checkbox"/> Three signatories only | <input type="checkbox"/> 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. 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 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): |