

This Account Application Form ("Form") is for opening a trading account with CFH Markets Limited ("CFH Markets") and is to be read together with the Standard Terms of Business for CFH Markets.

You agree that CFH Markets is entitled to send you newsletters and/or other investment material by email, text messages or similar electronic messaging services, and that you will inform us in writing otherwise should you not wish to receive such material.

In order to comply with anti money laundering regulations, you are required to supply us with the necessary supporting documents listed in Section 5 of this Form.

A SUBMITTING YOUR APPLICATION

- 1) Review the Form and complete all parts applicable to you. Please sign and date on the bottom of page 3.
- 2) For fast processing of your Form, please send copies or scans of the completed Form together with copies or scans of the following supporting documents as highlighted in Section 5 of this Form, by fax: +44 (0) 207 127 4353 or by email to legal@cfhmarkets.com:
 - a) Valid ID,
 - b) Proof of residency, and
 - c) Tax residency certificate (if applicable).

All supporting documents must be certified copies. For further information regarding certification of documents, please see section 7.

Should any of the documentation be in a language other than in the English language, please kindly make sure that CFH Markets receive a language letter confirming the authenticity of the documents. You can request for a template of the language letter by contacting the Legal Department at CFH Markets at legal@cfhmarkets.com.

B APPROVAL AND ACTIVATION OF YOUR ACCOUNT

Upon receipt of the submitted Form and the supporting documents, the Legal Department of CFH Markets will review your application.

If your application is approved, a representative from CFH Markets (or the fund manager/business partner if applicable) will contact you at the email provided in Section 2 of this Form with regards to the commencement of your trading activity with CFH Markets.

If you have any questions, please do not hesitate to contact us at +44 (0) 207 127 4352 or email to legal@cfhmarkets.com.

1 ACCOUNT AND REFERENCE DETAILS

ACCOUNT TYPE

- Individual Account
- Joint Account (please also complete the right hand column in the below sections)

REFERENCE (IF APPLICABLE)

- Business Partner Name: _____
- B2B Name: _____
- Fund Manager Name: _____
- Introducing Broker Name: _____

2 PERSONAL DETAILS

PRIMARY ACCOUNT HOLDER

Salutation (Mr., Mrs., Ms., Dr.)

Full name

Registered address

Registered zip/post code

Registered city

Registered country

Registered state

Postal address (if different than registered address)

Postal zip/post code

Postal city

Postal country

Postal state

Phone (incl. country code)

Mobile (incl. country code)

Fax (incl. country code)

Email

Date of birth (DD/MM/YYYY)

Citizenship

Gender

Male

Female

JOINT ACCOUNT HOLDER (IF APPLICABLE)

Salutation (Mr., Mrs., Ms., Dr.)

Full name

Registered address

Registered zip/post code

Registered city

Registered country

Registered state

Postal address (if different than registered address)

Postal zip/post code

Postal city

Postal country

Postal state

Phone (incl. country code)

Mobile (incl. country code)

Fax (incl. country code)

Email

Date of birth (DD/MM/YYYY)

Citizenship

Gender

Male

Female

3 EMPLOYMENT DETAILS

PRIMARY ACCOUNT HOLDER

Do you, or have you previously had any account with CFH Markets?

- No Yes - please specify account no.:

Account Currency (select one)

- USD GBP EUR

Have you worked, or are you currently working, in the financial sector in a professional position, which requires knowledge regarding the transactions envisaged?

- No Yes - for how many years:

Are you involved with a publicly listed company as employee, consultant or owner?

- No Yes - name of exchange: _____ and ticker symbol: _____

JOINT ACCOUNT HOLDER (IF APPLICABLE)

Do you, or have you previously had any account with CFH Markets?

- No Yes - please specify account no.:

Account Currency (select one)

- USD GBP EUR

Have you worked, or are you currently working, in the financial sector in a professional position, which requires knowledge regarding the transactions envisaged?

- No Yes - for how many years:

Are you involved with a publicly listed company as employee, consultant or owner?

- No Yes - name of exchange: _____ and ticker symbol: _____

4 TRADING EXPERIENCE IN FINANCIAL MARKETS

PRIMARY ACCOUNT HOLDER

Do you have previous investment and trading experience in financial markets?
 No Yes (if yes, please complete questions below)

How many years have you been trading?
 Less than 1 1 - 3 3 - 5 More than 5

How many quarterly transactions of significant size have you carried out on average in the last four quarters?
 Less than 10 10 - 20 More than 20

Which products have you traded?
 FX Equities CFDs Futures/Commodities Other

What is the size of your current financial instrument portfolio, incl. cash deposits? (in EUR)
 Below 500,000 500,000 - 1,000,000 Above 1,000,000

JOINT ACCOUNT HOLDER (IF APPLICABLE)

Do you have previous investment and trading experience in financial markets?
 No Yes (if yes, please complete questions below)

How many years have you been trading?
 Less than 1 1 - 3 3 - 5 More than 5

How many quarterly transactions of significant size have you carried out on average in the last four quarters?
 Less than 10 10 - 20 More than 20

Which products have you traded?
 FX Equities CFDs Futures/Commodities Other

What is the size of your current financial instrument portfolio, incl. cash deposits? (in EUR)
 Below 500,000 500,000 - 1,000,000 Above 1,000,000

5 IDENTIFICATION DETAILS

PRIMARY ACCOUNT HOLDER

Valid ID (one of the below)

All ID and Proof of Residency must be certified copies.

Passport Drivers License National Identity Card (photocard version only)

Proof of residency (one of the below)

Must be a certified copy and issued within 6 months. Proof of residency cannot be the same as provided for the above.

Drivers License (with address) National Identity Card (photocard version only)
 Utility Bill Bank Statement National Health Card (photocard version only)

Tax residency certificate

Only applicable if the client is an EU citizen living outside of EU. A Tax Residency Certificate issued by third party country authorities is required.

Tax residency certificate

JOINT ACCOUNT HOLDER (IF APPLICABLE)

Valid ID (one of the below)

All ID and Proof of Residency must be certified copies.

Passport Drivers License National Identity Card (photocard version only)

Proof of residency (one of the below)

Must be certified copy and issued within 6 months. Proof of residency cannot be the same as provided for the above.

Drivers License (with address) National Identity Card (photocard version only)
 Utility Bill Bank Statement National Health Card (photocard version only)

Tax residency certificate

Only applicable if the client is an EU citizen living outside of EU. A Tax Residency Certificate issued by third party country authorities is required.

Tax residency certificate

6 AUTHORISED SIGNATORY

PRIMARY ACCOUNT HOLDER

Full name

Date (DD/MM/YYYY)

Signature

JOINT ACCOUNT HOLDER (IF APPLICABLE)

Full name

Date (DD/MM/YYYY)

Signature

7 CERTIFIED PERSON LIST

PEOPLE THAT ARE ABLE TO CERTIFY DOCUMENTS

Certification of documents must be done by a suitable employed person in a public regulated service/profession such as the following:

Accountant	Justice of the Peace
Airline Pilots	Legal secretary (members and fellows of the Institute of legal secretaries)
Articled clerk of a limited company	Local government officer
Assurance agent of recognised company	Manager/Personnel officer (of limited company)
Bank/building society official	Member of Parliament
Barrister	Merchant Navy officer
British Computer Society (BCS) - Professional grades which are Associate (AMBCS), Member (MBCS), Fellow (FBCS) (PN 25/2003)	Minister of a recognised religion
Broker	Nurse (RGN and RMN)
Chairman/director of limited company	Officer of the armed services (active or retired)
Chemist	Optician
Chiropodist	Person with honours (e.g. OBE MBE etc.)
Christian Science practitioner	Personal Licensee Holders
Commissioner of oaths	Photographer (professional)
Councillor: local or county	Police officer
Civil servant (permanent)	Post Office official
Dentist	President/Secretary of a recognised organisation
Designated Premises Supervisors	Salvation Army officer
Director/Manager of a VAT registered Charity	Social worker
Director/Manager/Personnel Officer of a VAT registered Company	Solicitor
Engineer (with professional qualifications)	Surveyor
Fire service official	Teacher, lecturer
Funeral director	Trade union officer
Insurance agent (full time) of a recognised company	Travel agency (qualified)
Journalist	Valuers and auctioneers (fellow and associate members of the incorporated society)
	Warrant officers and Chief Petty Officers

TEXT WHEN CERTIFYING COPIES OF DOCUMENTS

If certification of a picture ID:

Certified as a true copy and likeness of: [Client Name] by [Name of Certifier and signature].
 Title of Certifier: [Insert Title]
 Date certified: [Insert Date]

If certification of documents other than picture ID:

I, [Name of Certifier], certify that this is a true copy of the original document.
 Title of Certifier: [Insert Title]
 Date certified: [Insert Date]