

Corporate Account Application Form

VERSION 2 | 21/09/2011

LMAX





Corporate Account Application Form

Complete the following form to open a corporate account. Please complete all sections in full and using BLOCK CAPITALS. Please call 0333 700 1000 should you have any questions.

Company details	
Registered company name:	Registered company number:
Nature of business:	
Reason for opening a corporate account:	
Other Trading names (if applicable):	
Other trading names addresses (if applicable):	

Primary contact at Company	
Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Mr <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other <input type="checkbox"/> Please specify:	
First name:	Surname:
Mobile tel. no:	Email address:

Registered company address	
Address Line 1:	Town:
Address Line 2:	County:
Address Line 3:	Post code:
Country:	Business tel. no:

Correspondence address	Same as registered address (tick) <input type="checkbox"/>
Address Line 1:	Town:
Address Line 2:	County:
Address Line 3:	Post code:
Country:	Business tel. no:

Company bank details	
Bank Name:	
Bank Address:	
Postcode:	Country:
Account Name:	
Account No:	Sort code:
OR IBAN:	
BIC:	
Approx. company funds available for the purposes of trading with LMAX Trader: £	

More information on the Company	
Is the company authorised and regulated by a financial regulator (e.g. FSA in the UK) in any country or territory?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, please provide details:.....	
Does the Company have any pending litigation, disputed accounts or other unresolved matters in any country or territory?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, please provide details:.....	?
Has the Company ever been subject to Bankruptcy/Insolvency proceedings in any country or territory?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, please provide details:.....	
Additional information:	

LMAX Trader is a trading name of LMAX Limited. LMAX Limited is authorised and regulated by the Financial Services Authority in the United Kingdom (firm reference number 509778). LMAX Limited is registered in England and Wales (registered number 06505809) and our registered address is LMAX Limited, Yellow Building, 1A Nicholas Road, London W11 4AN. LMAX Limited operates a multilateral trading facility and a broker, LMAX Trader.

Trading experience (Excludes trades for which you received financial advice)										
Corporate Body										
Have you traded Spread bets, CFDs, Futures or FX in the past 12 months?					No <input type="checkbox"/>					
Yes, averaging: 1 to 10 trades per month <input type="checkbox"/>			10 to 30 trades per month <input type="checkbox"/>			30+ trades per month <input type="checkbox"/>				
Have you traded shares in the past 12 months?					No <input type="checkbox"/>					
Yes, averaging: 1 to 10 trades per month <input type="checkbox"/>			10 to 30 trades per month <input type="checkbox"/>			30+ trades per month <input type="checkbox"/>				
Do you have a relevant education or professional qualification that you consider would assist your understanding of CFDs/Forex/Spread Betting or leveraged products?					Yes <input type="checkbox"/>			No <input type="checkbox"/>		
The Officer who is an authorised manager or supervisor of trading activities										
Full Name:										
Have you traded Spread bets, CFDs, Futures or FX in the past 12 months?					No <input type="checkbox"/>					
Yes, averaging: 1 to 10 trades per month <input type="checkbox"/>			10 to 30 trades per month <input type="checkbox"/>			30+ trades per month <input type="checkbox"/>				
Have you traded shares in the past 12 months?					No <input type="checkbox"/>					
Yes, averaging: 1 to 10 trades per month <input type="checkbox"/>			10 to 30 trades per month <input type="checkbox"/>			30+ trades per month <input type="checkbox"/>				
Do you have a relevant education or professional qualification that you consider would assist your understanding of CFDs/Forex/Spread Betting or leveraged products?					Yes <input type="checkbox"/>			No <input type="checkbox"/>		
Which Account Base Currency would you prefer?										
GBP <input type="checkbox"/> EUR <input type="checkbox"/> USD <input type="checkbox"/>										
Persons Authorised to Trade										
Signature					Date		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Full Name										
Position										
Signature					Date		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Full Name										
Position										
Declaration										
In signing and returning this form I confirm for and on behalf of the applicant that:										
<input type="checkbox"/> I/We have full power and authority to enter into the Agreement on behalf of the my company, which is the named applicant										
<input type="checkbox"/> I/We will notify LMAX Trader in good time, with at least two weeks' notice, in advance if I/We cease to be employed or engaged as an employee, agent or contractor by my/our company, or if I/We cease have authority to act on behalf of the Company whether under the terms of this Agreement or otherwise										
<input type="checkbox"/> I/We declare that that the information I have provided as part of this online application process is true.										
<input type="checkbox"/> I/We have read and understood and agree to be bound by the LMAX Trader Agreement that is comprised of the current versions published on the website of (a) the Customer Agreement, (b) Product Information Schedules, (c) the Risk Warning Notice, (d) the Trading Manual, (e) Instrument Information, (f) the Order Execution Policy. I/We acknowledge that all of the documents that constitute the LMAX Trader Agreement and supplementary documents as available from the website including, but not limited to, our Privacy Policy and Summary Conflicts of Interest Policy, or any other document that may form part of your agreement with us, may be amended from time to time as permitted by the terms of the Customer Agreement and that any later versions will govern my trading relationship with LMAX Trader from the effective dates set out in the Customer Agreement.										
<input type="checkbox"/> I/We are aware that the trading service provided by LMAX Trader carries a high level of risk and can result in losses that exceed the balance of cash held on my account at any time.										
You should not open an account with LMAX Trader unless you understand the nature of its trading services and the extent of your Company's exposure to risk.										

Agreement									
By signing this form you represent that all the information contained herein is true and accurate and you agree on behalf of the applicant to be bound by our Agreement.									
Signature	Date	D	D	M	M	Y	Y	Y	Y
Full Name									
Position									

Signature	Date	D	D	M	M	Y	Y	Y	Y
Full Name									
Position									

10. Supporting documentation									
The following supporting documentation must accompany the Company's completed account Application Form:									
■	Memorandum and Articles of Association Certificate of Incorporation								
■	The last two years audited financial statements Copy of Register of Shareholders								
■	Proof of Registered Address (recent original utility bill or bank statement displaying the Company's Name and Registered Address)								
■	Proof of Correspondence address (recent original utility bill of bank statement displaying the Company's Name and Correspondence Address)								
■	Individual verification of all Directors (copy of passport and a recent original residential utility bill for each)								
■	Individual verification of shareholders with a holding of 25% or more								
■	Individual shareholders (copy of passport and a recent original residential utility bill for each)								
■	Corporate shareholders (a complete list of supporting documentation for each Company as listed above)								
For applications from outside the UK and EU, please supply notarised copies of these documents. We are not able to open corporate accounts without this documentation.									

What to do next									
Please check the details that you have provided are correct and that the application form is signed.					Post LMAX Trader Yellow Building 1A Nicholas Road London W11 4AN United Kingdom Email registrations@LMAXtrader.com Fax +44 20 3192 2555				
Then send your completed application to us by post, fax or email scanned copies using the details following.									

Director, Authorised Signatory and Shareholder Personal Details

Each Director, Authorised Signatory and any Shareholder who owns more than 25% of the shares must provide their personal information below.

Title Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Mr <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other <input type="checkbox"/> Please specify:		Address Line 1:
		Address Line 2:
First Name:		Address Line 3:
Surname:		Town:
Date of Birth:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	County:
Business tel:		Postcode:
Mobile tel:		Country:

Title Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Mr <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other <input type="checkbox"/> Please specify:		Address Line 1:
		Address Line 2:
First Name:		Address Line 3:
Surname:		Town:
Date of Birth:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	County:
Business tel:		Postcode:
Mobile tel:		Country:

Title Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Mr <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other <input type="checkbox"/> Please specify:		Address Line 1:
		Address Line 2:
First Name:		Address Line 3:
Surname:		Town:
Date of Birth:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	County:
Business tel:		Postcode:
Mobile tel:		Country:

Title Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Mr <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other <input type="checkbox"/> Please specify:		Address Line 1:
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First Name:		Address Line 3:
Surname:		Town:
Date of Birth:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	County:
Business tel:		Postcode:
Mobile tel:		Country:

Title Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Mr <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other <input type="checkbox"/> Please specify:		Address Line 1:
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Title Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Mr <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other <input type="checkbox"/> Please specify:		Address Line 1:
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First Name:		Address Line 3:
Surname:		Town:
Date of Birth:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	County:
Business tel:		Postcode:
Mobile tel:		Country:

Certified Board Resolution

I _____, Company Secretary of _____ (the "Company")
 _____ (Name) (Name of Company) certify that the following resolutions were duly passed by the
 Directors of the Company at a meeting held on _____
 _____ (Date).

It was resolved as follows:

1. That account (the "Account") be opened in the name of the Company for the purpose of entering into Contracts For Differences (CFDs) and any transactions related or ancillary to any of the contracts.
2. That an agreement be entered into in connection with the opening of the Account in such form as we shall require (the "Agreement") and that all transactions entered into by the Company shall be subject to the terms of the Agreement as amended from time to time.
3. That each of the persons whose names and specimen signatures appear below (the "Authorised Signatories") shall be and are hereby jointly and severally authorized to sign any document in connection with the opening or operation of the Account, including (but without limitation) the Agreement and any document creating, perfecting or relating to any mortgage, charge or encumbrance over the Company's assets and to give any oral or written instructions to us with respect to the Account(s) including (but without limitation) instructions to effect or otherwise enter transactions with or on behalf of the Company.

Specimen Signature	Specimen Signature
Authorised Signatory Name & Title	Authorised Signatory Name & Title

It was resolved as follows:

4. That any transactions of any description whatsoever previously entered into by the Company with or through us be and are hereby ratified and approved.
5. That these Resolutions be communicated to us and shall remain in force and that we shall be entitled to rely on the same until an amending resolution shall be passed and a copy certified by an officer of the Company shall have been received by us.

I/We further certify that there is no legal or other reason why the Company should not conduct this business.

Signature of Company Secretary	Date	D	D	M	M	Y	Y	Y	Y
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