

# Corporate Account Application Form

Effective date: August 2023

## APPLICATION INSTRUCTIONS

The following supporting documentation must accompany the Company's completed account Application Form:

- **Memorandum and Articles of Association**
- **Certificate of Incorporation**
- **Latest financial statements**
- **Last three months of company bank statements**
- **Copy of Register of Shareholders**
- **Copy of Register of Directors**
- **Proof of Registered Address** (original utility bill or bank statement displaying the Company's Name and Registered Address dated within the last three months)
- **Proof of Operating Address** (original utility bill or bank statement displaying the Company's Name and Operating Address dated within the last three months)
- **Individual verification of Authorised Representative** (copy of passport and a recent utility bill for each dated within the last three months)
- **Individual verification of all active Directors** (copy of passport and a recent utility bill for each dated within the last three months)
- **Individual verification of Shareholders/Beneficial Owners** with a holding of 25% or more
  - Individual shareholders (copy of a passport and a recent utility bill for each dated within the last three months)
  - Corporate shareholders (a complete list of supporting documentation for each Company as listed above)

For applications from outside the UK and EEA, we may require notarised copies of the documentation stated above.

Please check the details that you have provided are correct and that the application form is signed with wet signatures.

**Post**

LMAX Global  
Yellow Building 1A  
Nicholas Road  
London W11 4AN  
United Kingdom

Then please send your completed application to us by post, or email with scanned copies using the following details:

**Email**

registrations@LMAX.com



Global

## Corporate Account Application Form

Effective date: August 2023

Complete the following form to open a corporate account. Please complete all sections in full and using BLOCK CAPITALS (any section left incomplete will delay the processing of your application).

Please call +44 20 3192 2555 should you have any questions.

Company Details	
Full Registered company name:	
Other trading names (if applicable):	
Registered company number:	
Company Website Address:	
Please detail your main business activities including your revenue sources:	
Reason for opening a corporate account:	

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

Operating Address (if different to your Registered Address)	
Address Line 1:	Town:
Address Line 2:	County:
Address Line 3:	Post code:
Country:	Business tel. no:

More Information on The Company	
LEI Code:	
Firm Type:	<input type="checkbox"/> Investment Firm
	<input type="checkbox"/> Authorised Credit Institution
	<input type="checkbox"/> Authorised alternative investment fund managed by AIFMs
	<input type="checkbox"/> UCITS and its management company
	<input type="checkbox"/> Proprietary Trading Firm
	<input type="checkbox"/> Payment Services Firm
	<input type="checkbox"/> Others (please specify):

<b>Is the company authorised and regulated by a financial regulator (e.g. FCA in the UK) in any country or territory?</b>	
If yes please provide details:	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Is the company listed on a Regulated Stock Exchange (e.g. London Stock Exchange in the UK) in any country or territory?</b>	
If yes please provide details:	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Does the company have any pending litigation, disputed accounts or other unresolved matters in any country or territory?</b>	
If yes please provide details:	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Has the company ever been subject to Bankruptcy/Insolvency proceedings in any country or territory?</b>	
If yes please provide details:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do any of the following apply to your company?	
<b>Where applicable, please tick all criteria that apply to your company</b>	<input type="checkbox"/> Balance sheet total of at least EUR 20,000,000.00 or equivalent
	<input type="checkbox"/> Net turnover of at least EUR 40,000,000.00 or equivalent
	<input type="checkbox"/> Own funds of at least EUR 2,000,000.00 or equivalent
	<input type="checkbox"/> The size of the financial instrument portfolio (cash deposits and financial instruments) held by the company exceeds 500,000.00 or equivalent
<b>Do you have financial statements that are less than 12 months old?</b>	
If yes, please provide the most recent audited and/or unaudited financial statements	Yes <input type="checkbox"/> No <input type="checkbox"/>
If no, please detail why:	

**Tax Residency and Tax Identification Number**

Tax regulations<sup>1</sup> require the collection of certain information about each Account Holder’s residency, including the Shareholders of corporate entities. Please complete, where applicable, the tax residency and the Tax Identification Number (TIN) or a functional equivalent. In certain circumstances, please note that LMAX Global may be required to share this information with relevant tax authorities.

Each jurisdiction has its own rules for defining tax residence, and jurisdictions have provided information on how to determine if you are resident in the jurisdiction on the following website:

<https://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance>

Please indicate all countries in which you are resident for tax purposes and the associated Tax Identification Numbers in the table below. If you are a US citizen or resident, please include United States in this table along with your US Tax Identification Number.

<sup>1</sup> The term “tax regulations” refers to regulations created to enable automatic exchange of information and include FATCA<sup>2</sup>, various Agreements to Improve International Tax Compliance entered into between the UK, the Crown Dependencies and the Overseas Territories, and the OECD Common Reporting Standard for Automatic Exchange of Financial Account Information.  
<sup>2</sup> The term “tax regulations” refers to The Foreign Account Tax Compliance provisions contained in the US Hire Act 2010

Name	Country/Countries of Tax Residency	Tax Identification Number

Company Depositing Bank Details	
<b>Bank Name:</b>	
<b>Bank Address:</b>	
<b>Postcode:</b>	<b>Country:</b>
<b>Account Name:</b>	
<b>Account No:</b>	<b>Sort Code:</b>
Or IBAN:	
<b>BIC:</b>	

<b>Initial deposit amount with LMAX Global (USD):</b>	
<b>Approx. amount of company funds expected to be deposited with LMAX Global annually (USD):</b>	
<b>Account Base Currency for the Account?</b>	<input type="checkbox"/> GBP <input type="checkbox"/> EUR <input type="checkbox"/> USD <input type="checkbox"/> AUD <input type="checkbox"/> CAD <input type="checkbox"/> CHF <input type="checkbox"/> JPY <input type="checkbox"/> SEK <input type="checkbox"/> SGD <input type="checkbox"/> HKD <input type="checkbox"/> PLN

The Source (s) of Funds for Trading the account (s) at LMAX Global	
You may select more than one source and we may require you to provide supporting documentation in respect of the source (s)	
<input type="checkbox"/> <b>Revenue/Business Profits</b>	Annual Turnover (USD): _____ Profit (USD): _____
<input type="checkbox"/> <b>Client Funds</b>	Total value of client funds held (USD): _____ _____
<input type="checkbox"/> <b>Shareholder Funds</b>	Name of Shareholder(s): _____ Value of Funds: _____
<input type="checkbox"/> <b>Director Loan</b>	Name of Director(s): _____ Value of Funds: _____
<input type="checkbox"/> <b>Other (please specify the source and value of funds)</b>	Source: _____ Value of Funds: _____

Are the funds to be deposited entirely from the entity and/or its shareholders/principals?	
If yes, you declare that all funds to be deposited with LMAX Global are corporate proprietary funds, resulting exclusively from: a. Paid in capital from the entity's shareholders/principals and/or b. Business profit and/or retained earnings from regular business operations	Yes <input type="checkbox"/> No <input type="checkbox"/>

Authorised Representative(s)	
Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other <input type="checkbox"/> (Please specify)	
First Name:	Residential Address: _____
Surname:	
Date of Birth:	
Nationality:	Postcode/Zip Code: _____
Contact Tel. No.:	Country: _____
Email Address: _____	
Position within the Company: _____	
Specimen Signature: _____	

Authorised Representative(s)	
Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other <input type="checkbox"/> (Please specify)	
First Name:	Residential Address: _____
Surname:	
Date of Birth:	
Nationality:	Postcode/Zip Code:
Contact Tel. No.:	Country:
Email Address:	
Position within the Company:	
Specimen Signature:	

Authorised Representative(s)	
Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other <input type="checkbox"/> (Please specify)	
First Name:	Residential Address: _____
Surname:	
Date of Birth:	
Nationality:	Postcode/Zip Code:
Contact Tel. No.:	Country:
Email Address:	
Position within the Company:	
Specimen Signature:	

Authorised Representative(s)	
Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other <input type="checkbox"/> (Please specify)	
First Name:	Residential Address: _____
Surname:	
Date of Birth:	
Nationality:	Postcode/Zip Code:
Contact Tel. No.:	Country:
Email Address:	
Position within the Company:	
Specimen Signature:	

Authorised Representative(s)	
Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other <input type="checkbox"/> (Please specify)	
First Name:	Residential Address: _____
Surname:	
Date of Birth:	
Nationality:	Postcode/Zip Code:
Contact Tel. No.:	Country:
Email Address:	
Position within the Company:	
Specimen Signature:	

Trading Experience				
This section should be completed by the person authorized to carry out transactions on behalf of the company (excludes trades for which you received financial advice).				
<b>Have your Company traded FX in the past 12 months?</b>				Yes <input type="checkbox"/> No <input type="checkbox"/>
Yes averaging:	1-4 trades per month <input type="checkbox"/>	5-10 trades per month <input type="checkbox"/>	11-20 trades per month <input type="checkbox"/>	20+ trades per month <input type="checkbox"/>
<b>Have your Company traded CFDs or Futures in the past 12 months?</b>				Yes <input type="checkbox"/> No <input type="checkbox"/>
Yes averaging:	1-4 trades per month <input type="checkbox"/>	5-10 trades per month <input type="checkbox"/>	11-20 trades per month <input type="checkbox"/>	20+ trades per month <input type="checkbox"/>
<b>Do you work in or have you worked in the financial sector for at least one year in a professional position, which requires knowledge and understanding of CFDs/Forex or leveraged products?</b>				Yes <input type="checkbox"/> No <input type="checkbox"/>

Declaration
<p>In signing and returning this form I confirm for and on behalf of the applicant that:</p> <ul style="list-style-type: none"> <li>We have full power and authority to enter into the LMAX Global Agreement which is described in bullet point 4 below with LMAX Global on behalf of the company, which is the named applicant</li> <li>We will notify LMAX Global promptly, with at least two weeks' notice, in advance if We cease to be employed or engaged as an employee, agent or contractor by my/our company, or if We cease have authority to act on behalf of the Company whether under the terms of this Agreement or otherwise</li> <li>We declare that the information we have provided as part of this application process is true and complete.</li> <li>We have read and understood and agree to be bound by the LMAX Global Agreement that is comprised of the current versions published on the website of (a) the Terms of Business, (b) the Deliverable FX Service Agreement, (c) the Trading Manual, (d) the Order Execution Policy, (e) the Privacy and Cookie Policy and (f) the Risk Warning Notice, (g) (where applicable) the API agreement. We acknowledge that all of the documents that constitute the LMAX Global Agreement and supplementary documents as available from the website including, but not limited to 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 Terms of Business and that any later versions will govern my trading relationship with LMAX Global from the effective dates set out in the Terms of Business.</li> <li>As stipulated in Clause 5 of the Privacy Policy, we understand that our personal information may be shared or disclosed within the LMAX Group.</li> <li>We are aware that the trading service provided by LMAX Global carries a high level of risk and can result in losses that exceed the balance of cash held on our account at any time.</li> </ul> <p>You should not open an account with LMAX Global unless you understand the nature of its trading services and the extent of your Company's exposure to risk.</p>

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:									

Completion of this page is not necessary for entities listed on a Recognised Stock Exchange

Shareholders/Beneficial Owners					
Please list any shareholders or beneficial owners with a holding of 25% or more					
Title	Full Name	Address	Date of Birth	Holding %	Politically Exposed Persons? (Y/N)

Company Directors				
Please list any company directors (if necessary, please continue on an additional sheet)				
Title	Full Name	Address	Date of Birth	Politically Exposed Persons? (Y/N)

**Senior Management**

Please detail the senior persons responsible for the operations of the business This may include the CEO, COO and CFO.

Title	Full Name	Address	Date of Birth	Position Held	Politically Exposed Persons? (Y/N)

**Certified Board Resolution**

I \_\_\_\_\_ (Name) Company Director / Company Secretary of \_\_\_\_\_ (Name of Company)  
 (the "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), rolling spot FX 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 LMAX Global shall require (the "Agreement") and that all transactions entered into by the Company shall be subject to the terms of the LMAX Global Agreement which is described in bullet point 4 of the declaration section of the Corporate Account application form 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 LMAX Global 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 LMAX Global with respect to the Account(s) including (but without limitation) instructions to effect or otherwise enter transactions with or on behalf of the Company.

<p>Authorised Signatory:</p> <p>_____</p> <p>(Name)</p> <p>_____</p> <p>(Signature)</p> <p>_____</p> <p>(Title)</p>	<p>Authorised Signatory:</p> <p>_____</p> <p>(Name)</p> <p>_____</p> <p>(Signature)</p> <p>_____</p> <p>(Title)</p>
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It was resolved as follows:

4. That any transactions of any description whatsoever previously entered into by the Company with or through LMAX Global be and are hereby ratified and approved.
5. That these Resolutions be communicated to LMAX Global and shall remain in force and that LMAX Global 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 LMAX Global.

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

<b>Signature of Company Director/Company Secretary:</b>	<b>Date</b>	D	D	M	M	Y	Y	Y	Y