

Corporate Account Application Form

APPLICATION INSTRUCTIONS

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 financial statements/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 of bank statement displaying the Company's Name and Operating Address dated within the last three months)

Individual verification of all active Directors (copy of passport and a recent original residential utility bill for each)

Individual verification of Shareholders/Beneficial Owners with a holding of 25% or more

- Individual shareholders (copy of a 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 EEA, **please supply a Certificate of Incumbency (dated within the last 3 months) and notarised copies of the documentation stated above**

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

Corporate Account Application Form

Effective date: March 2018

Please complete all sections in full, using BLOCK CAPITALS (any section left incomplete will delay the processing of your application).

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	
Is the company authorised and regulated by a financial regulator (e.g. FCA in the UK) in any country or territory?	
If yes please provide details:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the company listed on a Regulated Stock Exchange (e.g. London Stock Exchange in the UK) in any country or territory?	
If yes please provide details:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the company have any pending litigation, disputed accounts or other unresolved matters in any country or territory?	
If yes please provide details:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has the company ever been subject to Bankruptcy/Insolvency proceedings in any country or territory?	
If yes please provide details:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have financial statements that are less than 12 months old?	

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:	

Company Bank Details	
Bank Name:	
Bank Address:	
Postcode:	Country:
Account Name:	
Account No:	Sort Code:
Or IBAN:	
BIC:	

Approx. amount of company funds (fiat) that will be deposited	
Approx. amount of company cryptocurrency that will be deposited	
Total value of cryptocurrency held:	
Base Currency for the Account?	USD <input type="checkbox"/> EUR <input type="checkbox"/> GBP <input type="checkbox"/> JPY <input type="checkbox"/>
Wallet address of cryptocurrency:	Bitcoin Ethereum Litecoin Bitcoin Cash Ripple

The Source (s) of Funds/Cryptocurrency for Trading the account (s)	
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"/> Normal commercial Activities	Trading Name: _____ Nature of business: _____ Annual Turnover: _____
<input type="checkbox"/> Investments held at another brokerage firm/cryptocurrency exchange	Current value of investments/funds/cryptocurrency at the firm (s) of brokers/cryptocurrency exchange: _____
<input type="checkbox"/> Others (please specify and provide 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 are corporate proprietary funds, resulting exclusively from: <ul style="list-style-type: none"> 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"/>
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Person (s) Authorised to Operate the Account	
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:	Please tick if you are the main contact person: <input type="checkbox"/>

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:	Please tick if you are the main contact person: <input type="checkbox"/>

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:	Please tick if you are the main contact person: <input type="checkbox"/>

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:	Please tick if you are the main contact person: <input type="checkbox"/>

Trading Experience		
Has your company traded cryptocurrency in the past 12 months?		Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, for how long?		
< 1 year <input type="checkbox"/>	1 – 2 years <input type="checkbox"/>	> 2 years <input type="checkbox"/>
If yes, how many cryptocurrency transactions has your company made in the past 12 months?		
1 – 20 per month <input type="checkbox"/>	20 - 50 per month <input type="checkbox"/>	51+ per month <input type="checkbox"/>
What is the average size of your cryptocurrency transactions? *		
< 10,000 USD <input type="checkbox"/>	10,001 USD – 50,000 USD <input type="checkbox"/>	50,001 USD + <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"> We have full power and authority to enter into the Agreement with us for and on behalf of the the named applicant We declare that the information we have provided as part of this application process is true and complete. We will notify you 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 applicant, whether under the terms of this Agreement or otherwise <p><i>You should not open an account with us unless you understand the nature of its trading services and the extent of your Company's exposure to risk.</i></p>

Agreement									
By signing this form you represent that all the information contained herein is true and accurate.									
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:									

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 accounts (the "Accounts") be opened in the name of the Company for the purpose of buying and selling cryptocurrency with physical delivery.
2. That each of the persons whose names and specimen signatures appear below (the "Authorised Signatories") shall be and are hereby jointly and severally authorised to sign any document in connection with the opening or operation of the Account including (but without limitation) instructions to effect or otherwise enter transactions with or on behalf of the Company.

Authorised Signatory:

(Name)

(Signature)

(Title)

Authorised Signatory:

(Name)

(Signature)

(Title)

It was resolved as follows:

4. That these Resolutions be communicated shall remain in force and 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..

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

Signature of Company Director/Company Secretary:

Date

D	D	M	M	Y	Y	Y	Y
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