



## ACCOUNT OPENING FORM FOR CORPORATE CLIENTS

Please complete the following details as accurately as possible, as failure to complete any section may delay the opening of your company's account. Please type or print clearly. Your replies will remain confidential.

CORPORATE DETAILS			
Company Name:		Trading Name (if different):	
Date of Incorporation:	Place/Country of Incorporation:		
Registered Number:		Legal Entity Identifier (LEI):	
Auditors:	Legal Advisors:	Year End:	
Business Activities:		Website:	

### Registered Office:

Street/No:		
Town/City:	Post Code:	Country:
Telephone:	E-mail *:	

### Business Address (if different from your Registered Office):

Street/No:		
Town/City:	Post Code:	Country:
Telephone:	E-mail *:	

\* Please note that all correspondence will be sent to your email address.

Please answer the following questions which relate to the Company's experience and knowledge in futures/options/securities/foreign exchange transactions, the Company's investment objectives and financial situation. This will ensure that we are able to provide the Company with the advice and product most suitable for the Company's individual circumstances.

### THE COMPANY'S INVESTMENT EXPERIENCE

Product	Length of Experience (Tick one box for each product)				Frequency of Dealing in the past 12 months  Trades per month (insert number)	Are you totally reliant on specific recommendations to trade?  (Tick one box for each product)	
	None	Less than 1 year	1 year to 5 years	More than 5 years		YES	NO
Spot and Forward Foreign Exchange	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Shares, Bonds and Funds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Stock Options and Stock Index Options	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Financial and Commodity Futures and Options	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		YES <input type="checkbox"/>	NO <input type="checkbox"/>

Please note that your Company can be deemed experienced in the instruments by virtue of the individual experience of your traders, directors or employees.

Has any relevant trader, director or employee attended any training or do they have a professional qualification that would assist their understanding of the risks of trading leveraged products? YES ☐ NO ☐

If yes, please provide details below.

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#### On the basis of your Knowledge and Experience, please confirm:

The Company understands the risks of dealing in futures and options, the gearing involved and the potential for loss of capital in excess of our original investment. YES ☐ NO ☐

The Company understands that small movements in an underlying security/commodity/instrument can result in our transaction incurring much larger profits or losses, and that the more leverage that is available, the greater the effect will be. YES ☐ NO ☐

The Company understands and recognises the potential risks associated in dealing in the markets on which we have experience relating to matters such as settlement, trading, foreign exchange, pricing and costs. YES ☐ NO ☐

The Company understands the effect of fees and commissions charges on trading performance. YES ☐ NO ☐

The Company understands and recognises the potential risks associated with dealing in options relating to option expiry, assignment and experience. YES ☐ NO ☐

The Company understands that it is our responsibility to monitor our account. YES ☐ NO ☐

## THE COMPANY'S INVESTMENT OBJECTIVES

Please indicate the type(s) of product that you wish to transact. Your trading intentions should correspond with your experience.

Spot and Forward Foreign Exchange ☐ Shares, Bonds and Funds ☐ Stock Options and Stock Index Options ☐  
Financial Futures and Options ☐ Commodity Futures and Options ☐

We understand the Company's trading will be proprietary in nature. If you wish to trade on behalf of clients, please provide details below.

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If you have ticked any of the options products, we understand that the Company wishes to speculate in derivative products which involve a high level of risk and your investment horizon is short term (less than 3 months).

If the foregoing is not representative of the Company's investment objectives please specify below what your investment objectives are and what your investment horizon is.

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If you have ticked Commodity Futures and Options, we may contact you if we require further information from you for MiFID Position Reporting and the Ancillary Activity Exemption.

## INVESTMENT LIMITATIONS

1. Do you wish to place any restrictions or limitations on the range of investments or markets you may wish to trade?

NO ☐ YES ☐ if YES, please state:

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2. Do you wish to place any limitations on the times we may contact you?

NO ☐ YES ☐ if YES, please state:

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3. Please confirm that we may call you outside the hours of 8am to 9pm, local time.

NO ☐ YES ☐

## THE COMPANY'S FINANCIAL CIRCUMSTANCES

(Based on your last audited accounts, or current financial statements)

Please indicate your company's **annual turnover** :

Less than GBP4 million ☐  
More than GBP4 million ☐  
More than GBP35 million ☐

Please indicate your company's **total assets**:

Less than GBP3 million ☐  
More than GBP3 million ☐  
More than GBP20 million ☐

Please indicate your company's **property ownership** :

The Company rents ☐  
The Company owns its own office ☐  
The Company owns several properties ☐

Please indicate your company's **stockholders funds**:

Less than GBP2 million ☐  
More than GBP2 million ☐  
More than GBP4 million ☐

Date of latest audited accounts on which this information is based: \_\_\_\_\_

## THE COMPANY'S ACCOUNT

**Please provide the names and residential addresses of the directors of the Company or who otherwise exercise control over the management of the Company**

Surname: \_\_\_\_\_

First names(s): \_\_\_\_\_

Nationality: \_\_\_\_\_

Director: Yes ☐ No ☐

Politically Exposed Person: Yes ☐ No ☐

**Permanent Residential Address**

Street/No.: \_\_\_\_\_

Town/City: \_\_\_\_\_

Postcode: \_\_\_\_\_ Country: \_\_\_\_\_

Surname: \_\_\_\_\_

First names(s): \_\_\_\_\_

Nationality: \_\_\_\_\_

Director: Yes ☐ No ☐

Politically Exposed Person: Yes ☐ No ☐

**Permanent Residential Address**

Street/No.: \_\_\_\_\_

Town/City: \_\_\_\_\_

Postcode: \_\_\_\_\_ Country: \_\_\_\_\_

Surname: \_\_\_\_\_

First names(s): \_\_\_\_\_

Nationality: \_\_\_\_\_

Director: Yes ☐ No ☐

Politically Exposed Person: Yes ☐ No ☐

**Permanent Residential Address**

Street/No.: \_\_\_\_\_

Town/City: \_\_\_\_\_

Postcode: \_\_\_\_\_ Country: \_\_\_\_\_

Surname: \_\_\_\_\_

First names(s): \_\_\_\_\_

Nationality: \_\_\_\_\_

Director: Yes ☐ No ☐

Politically Exposed Person: Yes ☐ No ☐

**Permanent Residential Address**

Street/No.: \_\_\_\_\_

Town/City: \_\_\_\_\_

Postcode: \_\_\_\_\_ Country: \_\_\_\_\_

## ULTIMATE BENEFICIAL OWNER(S)

**Please provide the names and residential addresses of the individual(s) who ultimately own or control, whether through direct or indirect ownerships or control, more than 25% of the shares or voting rights of the Company.**

Surname: \_\_\_\_\_ First names(s): \_\_\_\_\_

Nationality: \_\_\_\_\_

Director: ☐ Yes ☐ No

Politically Exposed Person: ☐ Yes ☐ No

**Permanent Residential Address**

Street/No.: \_\_\_\_\_ Town/City: \_\_\_\_\_

Postcode: \_\_\_\_\_ Country: \_\_\_\_\_

Surname: \_\_\_\_\_ First names(s): \_\_\_\_\_

Nationality: \_\_\_\_\_

Director: ☐ Yes ☐ No

Politically Exposed Person: ☐ Yes ☐ No

**Permanent Residential Address**

Street/No.: \_\_\_\_\_ Town/City: \_\_\_\_\_

Postcode: \_\_\_\_\_ Country: \_\_\_\_\_

Surname: \_\_\_\_\_ First names(s): \_\_\_\_\_

Nationality: \_\_\_\_\_

Director: ☐ Yes ☐ No

Politically Exposed Person: ☐ Yes ☐ No

**Permanent Residential Address**

Street/No.: \_\_\_\_\_ Town/City: \_\_\_\_\_

Postcode: \_\_\_\_\_ Country: \_\_\_\_\_

## BANKING DETAILS

(for the transfer of money to us or from us)

Your Bank:		Branch Address:	
Account Name:	Account Number:	Sort Code:	
IBAN:		BIC/Swift:	

Please note the following:

- the branch of your bank must reside in the same country as the country of residence as disclosed by you on the Entity Tax Residency Self Certification Form
- only funds from a bank in this country will be accepted

Please note it is not our custom or practice to accept funds for a client's account from third parties, nor to make third party payments. ie our policy is to only make or receive payments to/from a bank account in the client's name.

## INDIRECT CLEARING

Do you wish to trade in a product which is cleared by a UK or EU Central Clearing Counterparty (eg ICE Clear Europe Ltd / LCH Ltd)? YES ☐ NO ☐

*(Your Account Executive may have provided you with some disclosure documents regarding Indirect Clearing)*

If yes, please confirm if you would like a *(please tick one)*

Net or Basic Omnibus Segregated Account ☐

Gross Omnibus Segregated Account ☐

*(Details of our Fees for each type of our account can be obtained from our website [www.amtfutures.co.uk/indirect-clearing](http://www.amtfutures.co.uk/indirect-clearing))*

Please confirm that your transactions and positions will be proprietary in nature YES ☐ NO ☐

*(We are unable to open an account with you if you are trading on behalf of clients to whom you provide investment services)*

## POLITICALLY EXPOSED PERSONS (PEPs)

The United Nations Convention against Corruption (UNCAC) defines PEPs as being any individuals who are, or have been, entrusted with prominent public functions, or whose family members and close associates have been so entrusted. Examples are: Heads of State or Government, senior politicians, senior government, judicial or military officials, senior executives of state owned corporations or important political party officials.

If any individual on page 4 is declared a PEP, please provide details below:

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## DOCUMENTATION REQUIRED

### ☐ **Limited Power of Attorney**

In the event that you wish to place authority for trading with a third party (eg Commodity Trading Advisor/Manager/Financial Adviser), a Client Order Authorisation or Limited Power of Attorney must be completed in favour of such person/entity.

### ☐ **Entity Tax Residency Self Certification Form**

### ☐ **Corporate Authorisations and Identity**

Please supply a Board Resolution (as an original or as a notarised copy) authorising the opening of the account and specifying the individuals who will operate it and providing their specimen signatures (sample resolution as attached).

☐ Please supply notarised copies of your memorandum and articles of association, certificate of incorporation and other constituting documents (including any changes of corporate name).

☐ Please supply a copy of your latest audited report and accounts.

### ☐ **Individual Identities**

We are required to comply with current anti-money laundering

legislation and are therefore required to obtain and retain evidence of the identity of the Directors and ultimate beneficial owners (if different) of your company, including details of their addresses.

### ☐ **Directors and beneficial owners (if different) who are UK residents**

Please supply us, for each individual, with a certified/notarised copy of either: current passport or UK driving licence (with photo card), AND/AS WELL AS one of the following: a recent utility bill, bank statement or council tax bill. These second items, if not provided to us as originals, should similarly be notarised/certified and must not be printed off the internet.

### ☐ **Directors and beneficial owners (if different) who are non-UK residents**

Please supply us, for each individual, with a certified/notarised copy of either one of the following which must have a photograph and be signed: current passport, driving licence or national identity card AND/AS WELL AS one of the following: a recent bank statement or utility bill. These items, if not provided to us as originals, should similarly be notarised/certified and must not be printed off the internet.

*Please note that if you visit our offices we can take copies from original documents without the need for notarisation.*

## DECLARATIONS AND SIGNATURE OF THE CLIENT

The following officers, being duly authorised to do so, declare and confirm on behalf of the Company the following:

- The Company confirms that all the details given in this form are correct. The Company will inform you immediately in writing of any changes to the details contained herein.
- The Company confirms that the Board of Directors have read and understood the Product Information Schedule enclosed in the application pack, have read and consent to the Order Execution Policy published on our website [www.amtfutures.co.uk](http://www.amtfutures.co.uk) and agree that the Company's orders may be executed outside a Regulated Market, MTF or OTF.
- **The Company agrees to be bound by the Agreement and conditions enclosed with this form and any provisions included in this form.**

This form constitutes the client's offer to AMT Futures Limited to receive the services provided by AMT Futures Limited.

This form and the information set out in it will constitute part of the agreement between the Client and AMT Futures Limited.

AMT Futures Limited will confirm acceptance of the offer.

### **Executed by the Company's acting by its duly authorised signatories**

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Position: \_\_\_\_\_ Date: \_\_\_\_\_

Position: \_\_\_\_\_ Date: \_\_\_\_\_