



Authorised and regulated
by the Financial Conduct Authority

ACCOUNT OPENING FORM FOR JOINT ACCOUNTS

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

PERSONAL DETAILS - FIRST INDIVIDUAL

Full Name:	Title (Mr, Mrs, Miss etc):	Date of Birth:	Nationality:
Previous Name(s):		Number of dependents:	

Permanent Residential Address:

Street/No:	Town/City:	Postcode:	Country:
Telephone (Home):	Telephone (Mobile):	E-mail*:	

How long have you been living at your current address? Years Months

If less than 3 years, please give your previous address:

Street/No:	Town/City:	Postcode:	Country:

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

EMPLOYMENT DETAILS

I am: self-employed ☐ employed ☐ not working at present ☐ retired ☐

Nature of Self-Employment or current/previous business or employer:

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Occupation / Position:	Employer's Name:

Street/No:	Town/City:	Postcode:	Country:

Have you worked in the financial sector for at least one year in a role that gives you a good understanding of the risks of trading leveraged products?

YES ☐ If yes, please provide details: _____
NO ☐ _____

How long have you been with your current employer?

Years Months

PERSONAL DETAILS - SECOND INDIVIDUAL

Full Name:	Title (Mr, Mrs, Miss etc):	Date of Birth:	Nationality:
Previous Name(s):		Number of dependents:	

Permanent Residential Address:

Street/No:	Town/City:	Postcode:	Country:
Telephone (Home):	Telephone (Mobile):	E-mail *:	

How long have you been living at your current address?

Years

Months

If less than 3 years, please give your previous address:

Street/No:	Town/City:	Postcode:	Country:

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

EMPLOYMENT DETAILS

I am: self-employed ☐ employed ☐ not working at present ☐ retired ☐

Nature of Self-Employment or current/previous business or employer:			
Occupation / Position:	Employer's Name:		
Street/No:	Town/City:	Postcode:	Country:
Have you worked in the financial sector for at least one year in a role that gives you a good understanding of the risks of trading leveraged products?		How long have you been with your current employer?	
YES <input type="checkbox"/> If yes, please provide details: _____		<input type="text"/> Years <input type="text"/> Months	
NO <input type="checkbox"/> _____			

Please answer the following questions which relate to your experience and knowledge in future/options/securities/foreign exchange transactions and your current investment objectives and financial situation. This will ensure that we are able to provide you with the advice and product most suitable for your individual circumstances. Please answer ALL questions.

INVESTMENT EXPERIENCE - FIRST INDIVIDUAL

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"/>

Have you attended any training or do you have a professional qualification that would assist your understanding of the risks of trading leveraged products?

YES ☐ NO ☐

If yes, please provide details below.

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

I understand the risks of dealing in futures and options, the gearing involved and the potential for loss of capital in excess of my original investment.

YES ☐ NO ☐

I understand that small movements in an underlying security/commodity/instrument can result in my transaction incurring much larger profits or losses, and that the more leverage that is available, the greater the effect will be.

YES ☐ NO ☐

I understand and recognise the potential risks associated in dealing in the markets on which I have experience relating to matters such as settlement, trading, foreign exchange, pricing and costs.

YES ☐ NO ☐

I understand the effect of fees and commissions charges on trading performance.

YES ☐ NO ☐

I understand and recognise the potential risks associated with dealing in options relating to option expiry, assignment and exercise.

YES ☐ NO ☐

I understand that it is my responsibility to monitor my account.

YES ☐ NO ☐

Please answer the following questions which relate to your experience and knowledge in future/options/securities/foreign exchange transactions and your current investment objectives and financial situation. This will ensure that we are able to provide you with the advice and product most suitable for your individual circumstances. Please answer ALL questions.

INVESTMENT EXPERIENCE - SECOND INDIVIDUAL

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"/>

Have you attended any training or do you have a professional qualification that would assist your understanding of the risks of trading leveraged products?

YES ☐ NO ☐

If yes, please provide details below.

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

I understand the risks of dealing in futures and options, the gearing involved and the potential for loss of capital in excess of my original investment.

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I understand that small movements in an underlying security/commodity/instrument can result in my transaction incurring much larger profits or losses, and that the more leverage that is available, the greater the effect will be.

YES ☐ NO ☐

I understand and recognise the potential risks associated in dealing in the markets on which I have experience relating to matters such as settlement, trading, foreign exchange, pricing and costs.

YES ☐ NO ☐

I understand the effect of fees and commissions charges on trading performance.

YES ☐ NO ☐

I understand and recognise the potential risks associated with dealing in options relating to option expiry, assignment and exercise.

YES ☐ NO ☐

I understand that it is my responsibility to monitor my account.

YES ☐ NO ☐

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 ☐

If you have ticked any of the options products, we understand that you wish to **speculate** in derivative products which involve a high level of risk and your investment horizon is short term.

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

If you have ticked Commodity Futures and Options, we will 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:

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

NO ☐ YES ☐ if YES, please state:

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

NO ☐ YES ☐

FINANCIAL CIRCUMSTANCES

What is your gross annual income from all sources?

	First Individual	Second Individual
0 to 99,999 GBP	<input type="checkbox"/>	<input type="checkbox"/>
100,000 to 249,999 GBP	<input type="checkbox"/>	<input type="checkbox"/>
Over 250,000 GBP	<input type="checkbox"/>	<input type="checkbox"/>

Property Ownership

	First Individual	Second Individual
I rent	<input type="checkbox"/>	<input type="checkbox"/>
I own my own home	<input type="checkbox"/>	<input type="checkbox"/>
I own more than one property	<input type="checkbox"/>	<input type="checkbox"/>

What are your net assets?

Your net assets are calculated by subtracting the sum of your liabilities (e.g., mortgages) from the sum of your total assets.

	First Individual	Second Individual
0 to 99,999 GBP	<input type="checkbox"/>	<input type="checkbox"/>
100,000 to 249,999 GBP	<input type="checkbox"/>	<input type="checkbox"/>
250,000 to 999,000 GBP	<input type="checkbox"/>	<input type="checkbox"/>
Over 1,000,000 GBP	<input type="checkbox"/>	<input type="checkbox"/>

Is your financial investment portfolio greater than 500,000 GBP?

First Individual	Second Individual
YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

Initial Risk Capital GBP

Total Risk Capital GBP

Please confirm that, given the risk of loss of capital in trading futures and options (derivatives) and equities, any risk capital traded through us should only represent a small percentage of your overall net worth. YES ☐ NO ☐

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 your permanent residential address as disclosed by you on the front page of this document
- 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.

Additional Bank Accounts: Please click **here** if you would like to add additional bank accounts.

INDIRECT CLEARING

By default we assume 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)? If this is **NOT** the case, please tick here and provide details below ☐

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

By default you will have a Net or Basic Omnibus Segregated Account which is the industry standard. If you wish to have a Gross Omnibus Segregated Account please tick here ☐

(Details of our Fees for each type of our account can be obtained from our website 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.

Do either of you consider yourself a PEP? YES ☐ NO ☐

If yes, please provide details: _____

DOCUMENTATION REQUIRED

☐ **Limited Power of Attorney / Client Order Authorisation**

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.

☐ **Individual Tax Residency Self Certification Form**

Please supply separate forms for both individuals.

☐ **MiFID Transaction Reporting**

We are required to report transactions with yourselves to the UK Financial Conduct Authority. Each client requires an identifier which is dependent on your nationality(ies). We will contact you if we require additional information from you to create this identifier.

☐ **Evidence of Identity**

We are required to comply with current anti money laundering legislation and are therefore required to obtain and retain

evidence of each of your identities, including details of your residential address.

If you are a UK resident, please supply us with a certified 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 certified and must not be printed off the internet.

If you are a non-UK resident, please supply us with a certified copy of 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 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 certification.

DECLARATIONS AND SIGNATURE OF THE CLIENT

By our signatures we declare and confirm the following:

- We confirm that all the details given in this form are correct. We will inform you immediately in writing of any changes to the details contained herein.
- We confirm that we have read and understood the Product Information Schedule enclosed in the application pack, that we have read, and consent to, the Order Execution Policy as published at www.amtfutures.co.uk and that you may execute our orders outside a Regulated Market, Multilateral Trading Facility or Organised Trading Facility.
- **We agree to be bound by the Agreement and conditions enclosed with this form and any provisions included in this form.**

This form and the information set out in it will constitute part of the agreement between the Client and AMT Futures Limited. This form constitutes the Client's offer to AMT Futures Limited to receive the services provided by AMT Futures Limited. AMT Futures Limited will confirm acceptance of the offer.

Client Signature: _____

Date: _____

Client Signature: _____

Date: _____