

# Corporate Account Application Form

05 July 2018

## 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 (if available)**
- **Copy of company bank statement**
- **Copy of Register of Shareholders**
- **Copy of Register of Directors**
- **Individual verification of Authorised Representative** (copy of passport)
- **Individual verification of all active Directors** (copy of passport and residential utility bill dated within the last 6 months)
- **Individual verification of Shareholders/Beneficial Owners** with a holding of 25% or more
  - Individual shareholders (copy of a passport and residential utility bill dated within the last 6 months)
  - Corporate shareholders (organisational chart showing ultimate beneficial owner)

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

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

**Email** [info@LMAXdigital.com](mailto:info@LMAXdigital.com)

**Post**  
LMAX Digital  
Yellow Building  
1A Nicholas Road  
London W11 4AN  
United Kingdom



## Corporate Account Application Form

Effective date: 05 July 2018

To open an LMAX Digital account, please complete all sections in full, using BLOCK CAPITALS (**any section left incomplete will delay the processing of your application**).

Please call +44 333 700 4096 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	
<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"/>



Authorised Representative	
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 Traders	
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:	Surname:
Contact Tel. No.:	
Email Address:	
Position within the Company:	

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:	Surname:
Contact Tel. No.:	
Email Address:	
Position within the Company:	

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:	Surname:
Contact Tel. No.:	
Email Address:	
Position within the Company:	

Trading Experience		
<b>Has your company traded cryptocurrency in the past 12 months?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>If yes, for how long?</b>		
< 1 year <input type="checkbox"/>	1 – 2 years <input type="checkbox"/>	> 2 years <input type="checkbox"/>
<b>If yes, how many cryptocurrency transactions has your company made in the past 12 months?</b>		
1 – 20 per month <input type="checkbox"/>	20 - 50 per month <input type="checkbox"/>	51+ per month <input type="checkbox"/>
<b>What is the average size of your cryptocurrency transactions? *</b>		
< 10,000 USD <input type="checkbox"/>	10,001 USD – 50,000 USD <input type="checkbox"/>	50,001 USD + <input type="checkbox"/>

**Declaration**

In signing and returning this form I confirm for and on behalf of the applicant that:

- We have full power and authority to enter into the LMAX Digital Agreement with LMAX Digital for and on behalf of the named applicant
- We have read and understood and agree to be bound by the LMAX Digital Agreement, comprised of the current versions published on the website of: (a) the Terms of Business, (b) the Risk Warning Notice, (c) the Order Execution Policy, (d) the Privacy Policy, (e) the Cookie Policy, (f) the API agreement (if applicable) and any other relevant documents stated in the said Terms of Business.
- We declare that the information we have provided as part of this application process is true and complete.
- We will notify LMAX Digital 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

*You should not open an account with LMAX Digital 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.

<b>Signature:</b>	<b>Date</b>	D	D	M	M	Y	Y	Y	Y
<b>Full name:</b>									
<b>Position:</b>									

<b>Signature:</b>	<b>Date</b>	D	D	M	M	Y	Y	Y	Y
<b>Full name:</b>									
<b>Position:</b>									

**Completion of the below 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 %

**Company Directors**

Please list any company directors (if necessary please continue on an additional sheet)

Title	Full Name	Address	Date of Birth

**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, and if applicable for trading products.
2. That an agreement be entered into in connection with the opening of the Account in such form as LMAX Digital shall require (the "Agreements") and that all transactions entered into by the Company shall be subject to the terms of the LMAX Agreements as described in the second and third bullet points of the "Declaration" section on page 5 hereof, and 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 authorised to sign any document in connection with the opening or operation of the Account, including (but without limitation) the said LMAX Agreements 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 Digital with respect to the Account(s) 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)

It was resolved as follows:

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

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>	<b>D</b>	<b>D</b>	<b>M</b>	<b>M</b>	<b>Y</b>	<b>Y</b>	<b>Y</b>	<b>Y</b>