

Joint Account Application Form

3 January 2018

APPLICATION INSTRUCTIONS

Please note that as well as your verification documentation, all Joint Account Applications MUST be accompanied by a Joint Bank Account Statement dated within the last 3 calendar months.

Please check the details that you have provided are correct and that the application form is signed with wet signatures. We may require some documentation from you to verify your details.

Please send your completed application to us by post, fax or email using the following details:

Post	LMAX Exchange Yellow Building 1A Nicholas Road London W11 4AN United Kingdom
Email	registrations@LMAX.com
Fax	+44 20 3192 2572



Joint Account Application Form

Effective date: 3 January 2018

To open an LMAX Global joint-holder account, please complete all sections in full, using BLOCK CAPITALS.

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

First Applicant

Personal Details (First Applicant)	
Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other: _____	
First name:	
Surname:	
Date of Birth:	Nationality:
Place of Birth:	

Address Line 1:	Town:
Address Line 2:	County:
Address Line 3:	Post code:
Country of Residence:	

Email address:	
Primary phone number: (mobile preferred)	Secondary phone number: (landline)

Financial Details (First Applicant)	
Employment status: Employed <input type="checkbox"/> Self-employed <input type="checkbox"/> Retired <input type="checkbox"/> Other: _____	
Company name (if relevant):	
Type of Business (if relevant):	
Position/Role (if relevant):	
Approximate annual income:	
Source of annual income:	
Approximate monthly disposable income:	
Approximate value of Savings & Investments: (excluding pensions, ISAs, PEPs and other non-liquid assets)	
Please state the source of your trading resources: (ie: savings, employment income, investments, etc)	

Trading Experience (First Applicant)		
How many FX trades have you made in the past 12 months?		
0 <input type="checkbox"/>	1 – 20 <input type="checkbox"/>	21+ <input type="checkbox"/>
How many CFD, spread bets, shares, or futures trades have you made in the past 12 months?		
0 <input type="checkbox"/>	1 – 20 <input type="checkbox"/>	21+ <input type="checkbox"/>
Do you hold industry recognised qualifications for trading CFDs/FX or leveraged products; or work in/have worked in the financial sector for at least one year in a professional position, which requires knowledge and understanding of CFDs/FX or leveraged products?		
Yes <input type="checkbox"/>		No <input type="checkbox"/>

Self-Certification (First Applicant)
<p>Tax regulations¹ require the collection of certain information about each Account Holder's residency. Please complete, where applicable, the relevant sections below and provide any additional information as may be required. In certain circumstances, please note that LMAX Global may be required to share this information with relevant tax authorities.</p> <p>Tax residency Please indicate all countries in which you are resident for tax purposes and the associated Tax Reference 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.</p>

Country/Countries of Tax Residency	Tax Reference Number

If you are not resident in any country for tax purposes, please tick this box:	<input type="checkbox"/>
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Signature:	Date:	D	D	M	M	Y	Y	Y	Y
Full name:									

¹ The term "tax regulations" refers to regulations created to enable automatic exchange of information and include FATCA², 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.

² The term "tax regulations" refers to The Foreign Account Tax Compliance provisions contained in the US Hire Act 2010

Second Applicant

Personal Details (Second Applicant)	
Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other: _____	
First name:	
Surname:	
Date of Birth:	Nationality:
Place of Birth:	

Address Line 1:	Town:
Address Line 2:	County:
Address Line 3:	Post code:
Country of Residence:	

Email address:	
Primary phone number: (mobile preferred)	Secondary phone number: (landline)

Financial Details (Second Applicant)	
Employment status: Employed <input type="checkbox"/> Self-employed <input type="checkbox"/> Retired <input type="checkbox"/> Other: _____	
Company name (if relevant):	
Type of Business (if relevant):	
Position/Role (if relevant):	
Approximate annual income:	
Source of annual income:	
Approximate monthly disposable income:	
Approximate value of Savings & Investments: (excluding pensions, ISAs, PEPs and other non-liquid assets)	
Please state the source of your trading resources: (ie; savings, employment income, investments, etc)	

Trading Experience (Second Applicant)		
How many FX trades have you made in the past 12 months?		
0 <input type="checkbox"/>	1 – 20 <input type="checkbox"/>	21+ <input type="checkbox"/>
How many CFD, spread bets, shares, or futures trades have you made in the past 12 months?		
0 <input type="checkbox"/>	1 – 20 <input type="checkbox"/>	21+ <input type="checkbox"/>
Do you hold industry recognised qualifications for trading CFDs/FX or leveraged products; or work in/have worked in the financial sector for at least one year in a professional position, which requires knowledge and understanding of CFDs/FX or leveraged products?		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Self-Certification (Second Applicant)

Tax regulations require the collection of certain information about each Account Holder's residency. Please complete, where applicable, the relevant sections below and provide any additional information as may be required. In certain circumstances, please note that LMAX Global may be required to share this information with relevant tax authorities.

Tax residency

Please indicate all countries in which you are resident for tax purposes and the associated Tax Reference 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

Country/Countries of Tax Residency	Tax Reference Number

If you are not resident in any country for tax purposes, please tick this box:

Signature:	Date:	D	D	M	M	Y	Y	Y	Y
Full name:									

Joint Details

Contact details for Joint Account	
Primary phone number: (mobile preferred)	Secondary phone number: (landline)
Email address:	

Account Details	
Proposed Username: (Memorable word between 6-20 characters in length)	Account Base Currency: GBP <input type="checkbox"/> EUR <input type="checkbox"/> USD <input type="checkbox"/> AUD <input type="checkbox"/> CAD <input type="checkbox"/> JPY <input type="checkbox"/> CHF <input type="checkbox"/> SEK <input type="checkbox"/> SGD <input type="checkbox"/> HKD <input type="checkbox"/>
How much did you pay for your first car? (First Applicant)	To what city did you go the first time you flew on a plane? (Second Applicant)

Declaration
<p>In signing and returning this form <u>We</u> confirm that:</p> <ul style="list-style-type: none"> We declare that we are 18 years old or over and that the information we have provided as part of this application process is true. 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 Risk Warning Notice, (c) the Trading Manual, (d) the Order Execution Policy, (e) the Privacy and Cookie Policy and (f) (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. We declare that 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. <p>You should not open an account with LMAX Global unless you understand the nature of its trading services and the extent of your 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.	
First Applicant	Second Applicant
Signature:	Signature:
Full Name:	Full Name:
Date: D D M M Y Y Y Y	Date: D D M M Y Y Y Y