

# APPLICATION FORM CORPORATE ACCOUNT



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2022

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|      |      |      |     |

| To be completed by corp  | porate applicants acting in tl | neir own capacity.          |
|--------------------------|--------------------------------|-----------------------------|
| Company Name             |                                | Company Registration Number |
|                          |                                |                             |
| Names of Registration Be | ody                            | Date of Incorporation       |
|                          |                                |                             |
| Country of Registration  |                                | LEI                         |
|                          |                                |                             |
| Registered Address       |                                |                             |
|                          |                                |                             |
|                          |                                |                             |
|                          |                                |                             |
|                          |                                |                             |
| Contact Details          |                                |                             |
| Business Phone           |                                | Email                       |
|                          |                                |                             |
|                          |                                |                             |
| Director Details         |                                |                             |
| Given Names              |                                | Surname                     |
|                          |                                |                             |
| Date of Birth            | Nationality                    | Mobile                      |
|                          |                                |                             |
| Residential Address      |                                |                             |
|                          |                                |                             |
|                          |                                |                             |
|                          |                                |                             |
|                          |                                |                             |



| Other Directors        |                               |  |
|------------------------|-------------------------------|--|
| Given Names            |                               | Surname  |
|                        |                               |  |
| Date of Birth          | Nationality                   | Mobile   |
|                        |                               |  |
| Residential Address    |                               |  |
|                        |                               |  |
|                        |                               |  |
|                        |                               |  |
| Please attach a separa | te sheet where company has r  | more directors.                                |
|                        |                               |  |
|                        |                               |  |
| Ultimate Beneficiar    | •                             |  |
|                        |                               | Shareholders with more than 20% shareholding.  |
| Full Names of Sharehol | der                           | Residential Address, Country, State, Peostcode |
|                        |                               |  |
| Nationality            |                               | Percentage Shareholding                        |
|                        |                               |  |
|                        |                               |  |
| Additional Ultimate Be | eneficiary (where applicable) |  |
| Full Names of Sharehol | lder                          | Residential Address, Country, State, Postcode  |
|                        |                               |  |
| Nationality            |                               | Percentage Shareholding                        |
|                        |                               |  |
|                        |                               |  |

Please attach separate sheet where company has more than two ultimate beneficiaries with more than 20% shareholding.



# **Document Requirements**

| Company  | Directors and Ultimate Beneficiaries                                     |
|--|--|
| Certificate of Incorporation                           | Government issued photo ID   |
|  | Passport   |
| AND  | Driver's Licence   |
|  | National Identity Card   |
| Company Extract*                                       |  |
|  | Must be a valid document   |
| Document Must Contain the following                    | Must include a photo, show the full name, date of birth, place of birth, |
| details:   | date of issue and issuing authority.                                     |
| Company Name   | AND  |
| Company Number   | AND  |
| Registered Address                                     | Proof of Address   |
| <ul> <li>List of directors and shareholders</li> </ul> | Utility Bill   |
|  | Bank/Credit Card State4ment  |
|  | Tenancy Contract/Mortgage Statement                                      |

## FOR CORPORATE TRUSTS PLEASE ALSO PROVIDE CERTIFIED TRUST DEED EXTRACT

### Declaration

The directors confirm that they have read, understood and approved the Financial Services Guide, Product Disclosure Statement, Privacy Policy and Client Agreement.

Executed by [insert company name] in accordance with s 127 of the Corporations Act 2001 (Cth) or the laws and customs of incorporation where the Body Corporate is incorporated outside of Australia:

| Signature of Director | Signature of Director/ Secretary |
|-----------------------|----------------------------------|
|                       |                                  |
|                       |                                  |
| Name of Director      | Name of Director/ Secretary      |
|                       |                                  |
|                       |                                  |

### **Submit Application**

Once you have completed this application form please submit to us via email at <a href="mailto:support@fair.markets">support@fair.markets</a>.

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