



Client Account Opening Application

PERSONAL

Central Clearing Ltd. (FXCC)

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Port Vila, Vanuatu

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www.fxcc.com

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A Client Personal Information

Please fill in the fields below as appropriate.

Title

Full Name

Nationality

Passport number

Place and date of birth

Country of residence

Contact Details (Permanent address)

Full Address

Postal Code

City

Country

Home Telephone

Mobile Telephone

Fax Number

E-mail Address

Correspondence address (if different)

Full Address

Postal Code

City

Country

Home Telephone

Mobile Telephone

Fax Number

E-mail Address

Professional and educational background

Profession

Other occupation(s)

Name of employer/organisation or own business

Educational background

Politically exposed persons

Please state if you hold or held during the last twelve months any public position(s)

Please state if you have any relationship (e.g. relative, associate) with a person who holds or held during the last twelve months any public position(s)

B Client Authorised Representative

Section B is applicable for Clients who have authorized a Representative person to open and/or operate their account. For more than one Representative person kindly request to be provided with additional forms.

Title

Full Name

Nationality

Passport number

Place and date of birth

Country of residence

Contact Details (Permanent address)

Full Address

Postal Code

City

Country

Home Telephone

Mobile Telephone

Fax Number

E-mail Address

Correspondence address (if different)

Full Address

Postal Code

City

Country

Home Telephone

Mobile Telephone

Fax Number

E-mail Address

Professional and educational background

Profession

Other occupation(s)

Name of employer/organisation or own business

Educational background

Politically exposed persons

Please state if you hold or held during the last twelve months any public position(s)

Please state if you have any relationship (e.g. relative, associate) with a person who holds or held during the last twelve months any public position(s)

C Financial Information

Financial Profile

Size of wealth (\$)

Annual income (\$)

How do you expect to credit/fund your account?

Bank Transfer

Online Money Transfer

Credit/Debit Card

Other (Please specify)

Please provide us with further details of your expected origin of funds (e.g. name of institution/ bank/money transfer company and country of origin)

D Information Regarding the Services and Trading Account

Please choose the service(s) envisaged

Online trading in FX

Online trading In Precious Metals

Online trading on Indices

Online trading in Commodities

Please state the anticipated account turnover

Please state the purpose and reason for requesting the envisaged service(s)

(e.g. hedging, speculation)

Please provide us with details of the source of funds (e.g. profits from business, loan, income/profits from investments, intellectual property rights etc):

E Knowledge and Experience

In which of the following types of financial instruments do you consider having sufficient knowledge and experience to conclude transactions?

For more than one Representative person kindly request to be provided with additional forms.

	Type of service offered and type/nature of transactions	Time period over which transactions have been undertaken	Volume and frequency of transactions
CFDs			
Money market instruments			
Derivatives			

Fitness Test - Read the following and tick as applicable (optional)

1. Did you carry out transactions in significant size on a relevant financial market at an average of ten (10) transactions per quarter over the previous four (4) quarters?

Yes

No

If your answer is 'yes' please specify the relevant financial market, type of financial instrument and the approximate size of transactions.

2. Does the size of your portfolio (cash deposits and financial instruments) exceed EUR 500.000?

Yes

No

3. Do you work or have you worked in the financial sector for a period of at least one (1) year in a professional position, which requires knowledge of the transactions or service(s) envisaged.

Yes

No

F Provision of Information

Please choose the preferred method of receiving information from Central Clearing Limited

Electronically (Email & Website)*

Paper

** To be able to receive information electronically kindly note that an email address must be. Further, kindly note that some information provided through our website may not be addresses personally to you. Kindly confirm that you accept this by ticking the box*

G Client Confirmation

I hereby confirm that all information disclosed above is complete, true and accurate and I agree to promptly notify you of any changes in this information or it ceases to be true and accurate.

Name

Signature

Date

I List of Required Documents

- Copy of Passport (Photograph, personal details, signature, issue & expiry dates, place and date of issue, serial number to be clearly visible); or
- Copy of Driving License, or National Identity Card; and
- Copy of a recent (up to 6 months) utility bill, local authority tax bill or a bank statement.

For Client's who have authorized Representative person(s) to open and/or operate the Client's account the following documents must also be provided for each Representative persons:

- Signed Power of Attorney – authorizing the Representative person to act on behalf of the Client.
- Copy of Passport (Photograph, personal details, signature, issue & expiry dates, place and date of issue, serial number to be clearly visible); or
- Copy of Driving License, or National Identity Card; and
- Copy of a recent (up to 6 months) utility bill, local authority tax bill or a bank statement.

Kindly note that FXCC may always and at any time revert back to you requesting further information, clarifications and documentation from your behalf with respect to your application for opening an account or the maintenance and continuation of your account following approval.