

## **INDIVIDUAL ACCOUNT APPLICATION FORM**

### **INSTRUCTIONS FOR COMPLETION**

1. Before completing the form, please make sure you have read and understood all information regarding your online trading account including the Online Trading General Business Terms and the Risk Disclosure Statement provided by Private Scandinavian Sparkasse and Credit Corp., SA.
2. Please complete all information as accurately as possible.
3. For a Joint Account, all joint account holders need to complete and sign all parts.
4. To comply with money laundering regulations, you are required to send in the following documentation:
  - A Photo ID (A copy of your valid and signed passport or a government issued photo identification)
  - A Proof of Residency (A copy of a bank statement or utility bill issued in your name within the last 6 months)Or  
A Copy of Credit Card with a signature (Please send us copy of your credit card with your signature)  
*Clients, who use Credit Card Deposit, are required to provide us a Copy of Credit Card to be used with the signature. However, Clients, who use Bank Wire to make deposit, may choose to provide us either A Proof of Address or A Copy of Credit Card.*
5. For fast processing, please send us the completed form along with the above-mentioned documentation by fax to + 646.530.8436 or email the scanned documentation to: [new@forexsigns.com](mailto:new@forexsigns.com).
6. Send the form by regular mail, together with the documentation, to:  
  
**Attn: New Account  
FOREX SIGNS INC  
110 Wall Street, 6<sup>th</sup> Floor,  
New York, NY 10005, USA**
7. Detailed information on how to transfer funds can be found in the enclosed "Settlement Instructions" or on our website: [www.forexsigns.com](http://www.forexsigns.com)

Private Scandinavian Sparkasse and Credit Corp., SA. is required by law to obtain information about its clients' financial position, investment experience and investment objectives in order to provide the services requested in the best interest of the clients.

\* Required

PART 1 GENERAL CLIENT DETAILS	
Full Name*:	Title*: <input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Ms
Date of Birth*:	Marital Status*:
E-Mail*:	MSN/QQ/Skype:
Street Address*:	
City*:	State*:
Country*:	Zip Code*:
Home Tel*:	Home Fax:
Employment Details*: <input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Homemaker <input type="checkbox"/> Unemployed	
Office Tel:	Office Fax:
Mobile*:	ID Card Number*:
ID Issued By(country)*:	ID Issued Date*:
PART 2 ACCOUNT INFORMATION	
Account Type*: <input type="checkbox"/> Individual Account <input type="checkbox"/> Joint Account( Part 3 required)	
Account Contract*: <input type="checkbox"/> Standard <input type="checkbox"/> Mini <input type="checkbox"/> Micro	Leverage*: <input type="checkbox"/> 1:50 <input type="checkbox"/> 1:100 <input type="checkbox"/> 1:200 <input type="checkbox"/> 1:400
Base Currency*: <input type="checkbox"/> USD <input type="checkbox"/> JPY <input type="checkbox"/> EUR <input type="checkbox"/> GBP <input type="checkbox"/> CHF <input type="checkbox"/> AUD <input type="checkbox"/> CAD	
Amount of Initial Deposit to Your Online Trading Account in base currency*:	
PART 3 JOINT ACCOUNT HOLDER DETAILS	
Full Name:	Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Ms
Date of Birth:	Marital Status:
E-Mail:	Contact Tel:
Mailing Address:	
Country:	Zip Code:
ID Card Number:	Relationship To Primary Holder:

<b>PART 4 INVESTMENT EXPERIENCE</b>	
<b>A. Would you consider yourself*:</b> <input type="checkbox"/> A professional investor <input type="checkbox"/> An experienced investor <input type="checkbox"/> An inexperienced investor	<b>B. Would you consider yourself*:</b> <input type="checkbox"/> Risk willing <input type="checkbox"/> Risk neutral <input type="checkbox"/> Risk averse
<b>C. Products in which you have previously invested*:</b> <input type="checkbox"/> Futures <input type="checkbox"/> CFDs/Stocks on margin <input type="checkbox"/> Options <input type="checkbox"/> Bonds/Fixed income <input type="checkbox"/> Foreign exchange <input type="checkbox"/> Real estate <input type="checkbox"/> Stocks <input type="checkbox"/> Other:	<b>D. Trading objectives*:</b> <input type="checkbox"/> To attempt to achieve speculative gains <input type="checkbox"/> To hedge other investments <input type="checkbox"/> To hedge commercial risk
<b>E. The products at Private Scandinavian Sparkasse and Credit Corp., SA that are of interest to you*:</b> <input type="checkbox"/> Foreign exchange <input type="checkbox"/> Bonds/Fixed income <input type="checkbox"/> Options <input type="checkbox"/> Futures <input type="checkbox"/> CFDs/Stocks on margin <input type="checkbox"/> International stocks <input type="checkbox"/> CFD exchange direct market access <input type="checkbox"/> Managed funds	
<b>PART 5 CONFIDENTIAL FINANCIAL INFORMATION</b>	
1) Your Annual income stated in base currency?*	
2) Your Net worth stated in base currency?*	
3) Your Approximate risk capital stated in base currency?*	
4) Do you understand?*	a) Foreign Currency Trading <input type="checkbox"/> No <input type="checkbox"/> Yes b) Risk of Loss <input type="checkbox"/> No <input type="checkbox"/> Yes c) The Possibility of Incurring deficit balance <input type="checkbox"/> No <input type="checkbox"/> Yes d) PSS Margin Policy <input type="checkbox"/> No <input type="checkbox"/> Yes
5) What is the highest level of education you have obtained?*	<input type="checkbox"/> No High School Degree <input type="checkbox"/> High School Degree <input type="checkbox"/> College Degree <input type="checkbox"/> Graduate Degree
6) Have you ever declared bankruptcy?*	<input type="checkbox"/> No <input type="checkbox"/> Yes, Please specify _____
7) Do you have or ever had any other accounts with PSS?*	<input type="checkbox"/> No <input type="checkbox"/> Yes, Please specify _____
8) Do you have a pending or have ever made a complaint regarding a past FX, commodity futures or securities account?*	<input type="checkbox"/> No <input type="checkbox"/> Yes, Please specify _____
9) Do you authorize any other person to trade this account?*	<input type="checkbox"/> No <input type="checkbox"/> Yes, Please specify _____

**PART 6 CONFIRMATION AND SIGNATURE**

**I/We declare by my/our signature:**

To have read, understood and agreed to the Online Trading General Business Terms (including the Risk Disclosure Statement) and all of its contents;

To understand and accept that the Online Trading General Business Terms and any other relevant terms and conditions (as amended from time to time) apply to my entire trading relationship with Private Scandinavian Sparkasse and Credit Corp., SA.;

To have received, read and understood the product information material relating to the relevant products;

To have received additional in-depth verbal information about the products and the inherent possibilities and risks, if so requested; and

To have received satisfactory answers to all my questions regarding the terms, conditions and other issues relating to the relevant products.

**Furthermore, I/We confirm:**

That the information provided by me/us is correct;

That the investment amount has been chosen by me/us taking my total financial circumstances into consideration and is considered by me/us to be reasonable under such circumstances;

That I/we acknowledge that Private Scandinavian Sparkasse and Credit Corp. is only able to provide proper advice to me/us if I/we have supplied Private Scandinavian Sparkasse and Credit Corp., SA. with correct and adequate information in this Client Application Form or as otherwise requested by Private Scandinavian Sparkasse and Credit Corp., SA.;

That Private Scandinavian Sparkasse and Credit Corp., SA. is entitled to send newsletters or other investment material to me/us by e-mail, sms or similar electronic messaging services, and that I/we must inform Private Scandinavian Sparkasse and Credit Corp., SA. in writing, if I/we do not wish to receive such material.

**Customer Signature:**

\_\_\_\_\_

**Date:**

\_\_\_\_\_

**Joint Customer Signature:**

\_\_\_\_\_

**Date:**

\_\_\_\_\_

Please scan and email to [new@forexsigns.com](mailto:new@forexsigns.com) or fax to +646.530.8436 for processing.