

Personal Information

01 Personal Details

Title: _____

First Name: _____

Last Name: _____

Date of birth (dd/mm/yyyy): _____

ID number: _____

Marital status: Married/ Single

Number of dependents: _____

Residential address (PO Box addresses are not acceptable)

Address: _____

City: _____

State/Province: Zip/Postal Code: _____

Country: _____

02 Contact Numbers

Main contact number (mandatory): _____

Mobile Number: _____

Fax: _____

E-mail address (mandatory): _____

03 Employment Information we shall **not** contact your employer.

Employment Status: _____

If employed

Employer's name: _____

Nature of business: _____

Position Held: _____

If self-employed, the nature of your business: _____

04 Financial Information

Approximate Annual income (before tax): € _____

Approximate value of savings and investments: € _____

05 Bank Information

Bank name:

Bank address:

City:

State/Province: Zip/Postal code:

Country:

Account Number:

IBAN Number:

Application to Open an Account (Individual)

Your Knowledge and Experience

Please complete the following section so we can assess the appropriateness of our services for you. Please note that we are required to make this assessment by law. It may be that we do not consider the account type you have selected to be appropriate for you. If this is the case, we will contact you to discuss further options.

1. To what extent over the past 3 years have you traded the following?

Shares and/or bonds Frequently/ Sometimes/ Rarely/ Never

Exchange-traded derivatives (e.g. futures or options) Frequently / Sometimes/ Rarely/ Never

Forex and other OTC derivatives (e.g. spreads, forex, binaries) Frequently/ Sometimes /Rarely/ Never

2. How have you mostly traded these products? Execution-only and/or Advisory Managed

3. Do you have particular experience or qualifications which would assist your understanding of our services? Yes/ No

If yes: Occupational experience: I have a good knowledge of OTC, leveraged derivatives through working in the financial sector

Qualifications: I have a good knowledge of OTC, leveraged derivatives because of a relevant professional qualification and/or education

4. Please tick here if your investment portfolio, including cash deposits and other financial instruments is EUR 500,000 or more Yes/ No

5. Are you employed by or affiliated with a registered broker/dealer, Yes/ No

Futures Commission Merchant, Introducing Broker, futures or securities exchange, NFA or FINRA?

If yes (please provide name and details): _____

6. Do you have a relationship with anyone else that would restrict your ability to legally trade Forex with us? Yes/ No

If yes (please provide name and details): _____

Your Account Currency

Do you like your account to be denominated in:

Euro / Dollar

Note on Futures Trading

Trading in commodity interests is speculative, involves a high degree of risk and is appropriate only for persons who can assume risk of loss in excess of their margin deposit.

By signing below I acknowledge that I have received, read and understand the disclosure statements listed below and that I accept the risks of using your trading system:

Risk Disclosure Statement (Futures and Options Trades)

Electronic Trading and Order Routing Systems Disclosure Statement

Supplemental Disclosure for Nadex Fully Collateralized Contracts

Signature

Date

General Declarations

I hereby represent that the information provided by me on this application form is true and correct. I further represent that I will notify you of any material changes in writing. I acknowledge that the Customer Agreement is a legally binding contractual agreement. I acknowledge that I have received and carefully read the following documents and agree to be bound by every term and condition:

General Disclosures (including NFA Basic System Disclosure, referral Disclosure)

Supplemental Disclosure for Funding by Credit Card

Privacy Notice

Conflicts Policy

Customer Agreement (comprising Master Agreement, Forex Agreement, Nadex Futures Agreement and Contract Details)

Receiving Information About your Account Electronically

Signature

Date

Agreement to Arbitration

By signing below, I acknowledge that I have received, carefully read, understood and agree to be bound by the Arbitration Agreement. I further acknowledge and understand that any action arising out of or related to the Customer Agreement must be commenced within one year of occurrence giving rise to the cause of action.

Signature

Date

Note : ALL of the above sections must be signed in order to open an account with us.

Supporting Documentation

The following documentation must accompany your application:

Copy of passport or identification card

Proof of address (copy of recent utility bill or bank statement displaying your name and address)

**WE ARE NOT ABLE TO OPEN AN ACCOUNT WITHOUT THIS
SUPPORTING DOCUMENTATION**

Pro Choice Chrimatistiriaki

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