



APPLICATION TO OPEN AN ADDITIONAL SHARE DEALING ACCOUNT (CORPORATE)

BEFORE YOU START

This form enables you to apply for an additional corporate Share Dealing account with us. To make this application you will need some important pieces of information at hand, and the appropriate individuals will need to provide their details and sign the form.

WHO SHOULD SIGN THIS FORM?

On behalf of the applicant

- In the case of a company, two of the directors
- In the case of a partnership, two of the partners

WHAT YOU NEED TO KNOW

Before you apply, it is important to read our Risk Disclosure Notice, Share Dealing Customer Agreement, Order Execution Policy, Conflicts Policy and Privacy Policy. You can find them all at IG.com/uk/professional-corporate-trader

BOARD RESOLUTION

Your board must hold a meeting and pass certain resolutions to enable your company to open an additional Share Dealing account with us. We will ask you to certify that this has happened in the certified board resolution section. The board must also authorise people to trade on your company's additional Share Dealing account ('**Authorised Signatories**'). The Authorised Signatories must sign the authorised signatories list in the schedule.

COMPLETING THE FORM

- Please complete all sections **IN FULL** and in **BLOCK CAPITALS**
- If you have any questions, please call us on +44 20 7573 0219

COMPANY INFORMATION

01 | COMPANY DETAILS

Full name of company: _____ (the **'Company'**)

Registered address: _____ Business (postal) address: ☐ Same as registered address

_____ Postcode: _____

02 | CONTACT DETAILS

Contact number (mandatory): _____

Email address (for account correspondence): _____

03 | EXISTING ACCOUNT DETAILS

Existing Account number (mandatory): _____

04 | IDENTIFICATION OF DIRECTOR(S)

We need to verify the identity of the directors signing this form before the account can be opened.

SOLE DIRECTOR/DIRECTOR 1:

Full name: _____

Residential address: _____

_____ Postcode: _____

Date of Birth: __ __ / __ __ / __ __ __ __

Are any Directors currently or previously bankrupt? ☐ Yes ☐ No

If the answer is **'Yes'**, please give details: _____

DIRECTOR 2:

Full name: _____

Residential address: _____

_____ Postcode: _____

Date of Birth: __ __ / __ __ / __ __ __ __

KNOWLEDGE AND EXPERIENCE

The law requires us to assess whether our services are appropriate for the Company. We will use the information below to make this assessment. If there are any issues, we will contact you to discuss further options.

1. Over the past three years, to what extent has the Company traded the following?

Shares and/or bonds	<input type="checkbox"/> Frequently	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely/never
Exchange traded derivatives (eg ETCs, ETFs, warrants, futures or options)	<input type="checkbox"/> Frequently	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely/never
OTC derivatives (eg CFDs, or spread bets)	<input type="checkbox"/> Frequently	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely/never

2. How has the Company mostly traded these products? ☐ Execution-only and/or Advisory ☐ Managed ☐ Rarely/never

3. Do the officer(s) of the Company who will be making the Company's trading decisions have particular experience or qualifications which would assist the Company's understanding of our services? ☐ Yes ☐ No

If 'Yes', please tick as applicable: ☐ Working in a financial institution ☐ A relevant professional qualification and/or education
☐ Both the above ☐ Other

Optional:

4. Please provide us with any further information about the Company's knowledge and experience that will help us assess whether our services are appropriate for the Company:

DECLARATIONS

I confirm that the Company understands the nature and risks of buying, selling and investing in shares, exchange traded funds and exchange traded commodities. I consent to the provision to the Company of the Risk Disclosure Notice and Share Dealing Customer Agreement by way of the IG website and I hereby confirm that I have read and understood these documents and that the company agrees to be bound by their terms. I also agree to IG's Privacy Policy.

Name of Director/partner: _____

 Signature: _____ Date: _____

Name of Director/partner: _____

 Signature: _____ Date: _____

**IN THE CASE OF A COMPANY TWO DIRECTORS MUST SIGN
IN THE CASE OF A PARTNERSHIP TWO OF THE PARTNERS MUST SIGN**

CERTIFIED BOARD RESOLUTION

I (name): _____

Company Secretary/Director of (Name of Company): _____ (the '**Company**') _____

certify that the following resolutions were duly passed by the Directors of the Company at a meeting held on

Date: _____

IT WAS RESOLVED AS FOLLOWS:

1. That an additional account (the '**Account**') be opened with IG Markets Limited ('**IG**') in the name of the Company for the purpose of buying, selling and investing in shares, exchange traded funds and exchange traded commodities and any transactions related or ancillary to any of the above.
2. That an agreement be entered into with IG in connection with the opening of the Account in such form as IG shall require (the '**Agreement**') and that all transactions entered into by the Company will be subject to the terms of the Agreement as amended from time to time.
3. That each of the persons whose names and specimen signatures appear in the attached authorised signatories list (the '**Authorised Signatories**') shall be and are hereby jointly and severally authorised to sign any document in connection with the opening or operation of the Account, including (but without limitation) the Agreement and any document creating, perfecting or relating to any mortgage, charge or encumbrance over the Company's assets and to give any oral or written instructions to IG with respect to the Account including (but without limitation) instructions to effect or otherwise enter into transactions with or on behalf of the Company.
4. That any transactions of any description whatsoever previously entered into by the Company with or through IG be and are hereby ratified and approved.
5. That these Resolutions be communicated to IG and shall remain in force and that IG shall be entitled to rely on the same until an amending resolution shall be passed and a copy certified by an officer of the Company shall have been received by IG.

I further certify that there is no legal or other reason why the Company should not conduct this business.

 Signature of Company Secretary/Director: _____ Date: _____

WHAT TO DO NEXT

1. Please check:

- you have fully completed all sections of the application form
- all the appropriate people have signed the form and the authorised signatory list in the schedule
- you have enclosed the required proof of identity, and copy of an authorised signatory list

If you have any questions please call us on +44 20 7573 0219 or email institutionalsales@ig.com

2. Return your application to:

IG Institutional sales desk
Cannon Bridge House
25 Dowgate Hill
London EC4R 2YA
or email institutionalsales@ig.com



Once you have completed your details, please:

- ☒ Print this form
- ☒ Sign it
- ☒ Return it to us

SCHEDULE

AUTHORISED PERSONS LIST:

Authorised signatories for: _____ (name of Company)

as at: _____ (date)

All authorised signatories on your existing account(s) will be authorised to act on this new account.

If you would like to add authorised signatories please complete the table below. Please note authorised signatories will be authorised to act on all accounts in the Company's name.

NAME	DATE OF BIRTH (DD/MM/YYYY)	SIGNATURE

 Signed: _____

Name of Director signing: _____