



APPLICATION TO OPEN A MARGIN TRADING ACCOUNT (CORPORATE)

BEFORE YOU START

This form enables you to apply for a corporate client 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 authorised officers
- 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, Customer Agreement, Order Execution Policy, Conflicts Policy and Privacy Policy. You can find them all at IG.com

LEI NUMBER (LEGAL ENTITY IDENTIFIER)

All counterparties to a derivative contract must report details of that derivative contract to a trade repository. Your LEI number is your company's unique 20-character code which you will use to report all financial transactions entered into by your company. This is a mandatory requirement.

BOARD RESOLUTION

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

SUPPORTING DOCUMENTS NEEDED

You must enclose the following supporting documentation with the Company's completed account application form:

- either, an Extract of the Commercial Register (no older than 12 months);
- **OR**
 - the memorandum and Articles of Association should be kept as supporting documents. Its help to corroborate the information given by the company on the nature of the business;
 - certified copy of the Certificate of Incorporation;
 - original or certified copy of Certificate of Good Standing (no older than 12 months);
 - original or certified copy of an official document (issued by an official State authority) listing the directors of the company;
- depending on the structure and activity of your company, a form A or K (or both);
- certified copy of passport or official form of ID for all officers signing the application, each of the controlling persons listed in the form K (if applicable) and the beneficial owner listed in the form A (if applicable);
- a copy of your latest financial statements (Balance sheet and income statement).

We may contact you for further information/documentation.

WE ARE NOT ABLE TO OPEN YOUR ACCOUNT WITHOUT THESE SUPPORTING DOCUMENTS

COMPLETING THE FORM

- Please complete all sections **IN FULL** and in **BLOCK CAPITALS**
- If you have any questions, please call us on 022 888 10 52

COMPANY INFORMATION

01 | COMPANY DETAILS

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

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

LEI number: _____

Base currency of your account: _____

FIDUCIARY HOLDING OF ASSETS

Is a third person the beneficial owner of the assets held in the account/securities account?

☐ No

☐ Yes. The relevant information regarding the beneficial owner has to be obtained by filling in a separate form A

02 | REGULATION

Is the Company regulated by the FINMA or similar regulator? ☐ Yes ☐ No

If '**Yes**' please state the name of the regulator and regulatory number: _____

03 | CONTACT DETAILS

Contact number (mandatory): _____

Email address (for account correspondence): _____

04 | BANK DETAILS

Name of bank: _____

Account name: _____ Sort code/BIC: _____

Account No./IBAN: _____

05 | IDENTIFICATION OF AUTHORISED OFFICERS

We need to verify the identity of the authorised officers signing this form before the account can be opened. Any authorised officer will have full access to the IG Bank account. A certified copy of their ID and in some cases evidence of address will be required for each officer. In addition, there must be evidence to confirm that they are authorised to act on behalf of the company.

AUTHORISED OFFICER 1:

Full name: _____

Residential address: _____

Date of birth: __ __ / __ __ / __ __ __ __

1. Are any Authorised officers currently or previously bankrupt?

AUTHORISED OFFICER 2:

Full name: _____

Residential address: _____

Date of birth: __ __ / __ __ / __ __ __ __

☐ Yes ☐ No

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

06 | STATEMENT INSTRUCTIONS

In the absence of other instructions from you, we will send statements by email. If you would prefer to receive these by post, please tick this box: ☐

Please note that postal statements will incur a charge of CHF 1 per statement.

07 | SELF DECLARATION OF COUNTERPARTY STATUS UNDER FMIA

Please select one of the following to confirm your the Company's status under FMIA:

- ☐ A financial counterparty according to article 93 para. 2 FMIA (or an equivalent financial intermediary under a foreign legislation) above the clearing threshold for financial counterparties as specified in articles 99 et seq. FMIA and articles 88 et seq. FMIO ('**Financial Counterparty**').
- ☐ A financial counterparty according to articles 93 para. 2 FMIA (or an equivalent financial intermediary under a foreign legislation) below the clearing threshold for financial counterparties as specified in articles 99 et seq. FMIA and articles 88 et seq. FMIO ('**Small Financial Counterparty**').
- ☐ A non-financial counterparty according to article 93 para. 3 FMIA above the clearing threshold for non-financial counterparties as specified in article 100 FMIA and articles 88 et seq. FMIO ('**Non-Financial Counterparty**').
- ☐ Non-financial counterparty according to article 93 para. 3 FMIA below the clearing threshold for non-financial counterparties as specified in article 100 FMIA and articles 88 et seq. FMIO ('**small Non-Financial Counterparty**').

KNOWLEDGE AND EXPERIENCE

Please complete the following section so we can assess the appropriateness of our services for the Company.

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

Shares and/or bonds	☐ More than 20 times	☐ 10 - 20 times	☐ less than 10 times
Exchange-traded derivatives (eg warrants, futures or options)	☐ More than 20 times	☐ 10 - 20 times	☐ less than 10 times
OTC derivatives (eg CFDs, spread betting, forex, binaries)	☐ More than 20 times	☐ 10 - 20 times	☐ less than 10 times

2. How has the Company mostly traded these products? ☐ Execution-only and/or Advisory ☐ Managed

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:

Experience: the officer(s) have a good knowledge of OTC, leveraged derivatives through working in the financial sector ☐

Qualifications: the officer(s) have a good knowledge of OTC, leveraged derivatives because of a relevant professional qualification and/or education ☐

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 OF NON SOLICITATION AND AGREEMENT WITH THE RISK OF CFDs

I confirm that the Company understands the nature and risks of margin trading via CFDs. I consent to the provision to the Company of the Risk Disclosure Notice and Customer Agreement by way of the IG website and I hereby confirm that I have read, understood and that the Company agrees to be bound by the terms of these documents. I also agree to IG's Privacy Policy and to be bound by the IG Margin Trading Customer Agreement FMIA Addendum.

I confirm that the company is aware that IG Bank SA is a Swiss licensed bank and that this account opening form is not an active solicitation of banking services outside Switzerland.

Name of authorised officer: _____

 Signature: _____ Date: _____

Name of authorised officer: _____

 Signature: _____ Date: _____

CERTIFIED BOARD RESOLUTION

I (name): _____

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

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

Date: _____

IT WAS RESOLVED AS FOLLOWS:

1. That account(s) (the '**Account(s)**') be opened with IG Bank S.A. ('**IG**') in the name of the Company for the purpose of entering into Contracts For Differences (CFDs) and any transactions related or ancillary to any of the contracts.
2. That an agreement be entered into with IG in connection with the opening of the Accounts 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(s), including (but without limitation) the Agreement and any document creating, perfecting or relating to any charge or encumbrance over the Company's assets and to give any oral or written instructions to IG with respect to the Account(s) 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.

☐ Please tick if the board also resolved to authorise the Directors/Partners listed herein to open additional accounts with IG on behalf of the Company.

 Signature of Company Secretary/Chairman: _____ 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 022 888 1052 or email institutionalsales@igbank.ch

2. Return your application to:

IG Bank S.A.
42 Rue de Rhône
1204 Geneva



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)

Any person that is listed as an authorised officer on page 3 of this document does not need to be listed here again.

This list is only applicable for staff members of the Company. If you would like to grant trading access to the company to people outside of the company, this person will have to apply for an account in their own name and then be issued with a Power of Attorney to access the company account.

NAME	DATE OF BIRTH (DD/MM/YYYY)	SIGNATURE	TYPE OF SIGNATURE (INDIVIDUAL/JOINT)

 Signed: _____

Name of authorised officer signing: _____