

CORPORATE ACCOUNT APPLICATION FORM

All fields marked with an asterisk (*) are required.

Board I	Resolution				
I (Name))	Director of	(the "Company")		
followi	ng a Board me	eeting of Directors of the Company held on	(Date)		
Certify	that:				
1.		corporate applicant's directors has reviewed and considered the risks a fered by TD365;	associated with the financial		
2.	The Board of	of Directors ("the Board") agrees to open a Corporate Account with TD365;			
3.		The Board approves the transactions contemplated by completion of this Account Application and agrees to be governed by TD365's legal documents;			
4.	This Applicat	nis Application Form has been properly executed by the applicant;			
5.	The Board authorises one or more directors to sign any document in connection with the operation of the Account and to give any oral or written instruction in relation to the Account including, but not limited to, instructions to enter into transactions on behalf of the applicant.				
6.	There is no l	legal or other reason why the Company should not conduct business in the	e financial products offered.		
C		uta			
Compa	iny Informat	tion			
Com	pany Name*:				
Register	ed Address*:				
	Postcode*:				
Operating Address*: (if different from					
•	ered Address)				
	Postcode*:				

Country of Incorporation*:

LEI Number*:

Date of Incorporation*:

Company No.*:



Identification of Director(s)

We will verify a Director's identity before trading can occur on the account. To do this we will use electronic verification methods and manual checking of documents where necessary.

	Sole Director/Director 1	Director 2
Full name:		
Residential Address:		
Postcode:		
Driving Licence /Passport no.:		
Email Address:		
Contact phone no.:		
	n of Shareholder(s) d to verify all individuals who hold a signific	ant interest in the Corporation.
	verifying shareholders who hold more tha ho hold more than a 25% stake, and who ar	n 25% ownership of the Corporation. Please list the details of re not already listed as Directors.

	Shareholder 1	Shareholder 2
Full name:		
Residential Address:		
Postcode:		
Driving Licence /Passport no.:		
Email Address:		
Contact phone no.:		

If there are more than two shareholders who hold a stake of more than 25% and have not already been listed as a Director please reprint this page and fill in the details of the additional shareholders.



Please mark	ons* with a cross to acknowledge each declaration.			
	I understand the agreement I am entering into with Trade Nation Limited (Registration Number 203493B) (TD365 is egistered business name thereof). I confirm that I have read, understood and agree with the Client Agreement .			
	rstand the nature and risks associated with trading in the risk Disclosure Notice.	ne products offered. I confirm that I have read, understood		
	ly with a credit reporting agency and obtaining an asse	my name, address and date of birth to verify my identity essment of whether this matches information on my credit		
	Sole Director/Director 1	<u>Director 2</u>		
Signature:				
Date:				

Please ensure that you complete an online application using the same details as this paper application.

Once this application form is completed, please scan and email your completed application form and the supporting documents to support@td365.com.

Supporting Documentation required

- A copy of the Incorporation Certificate or Business Registration Certificate
- Director's identities will be verified electronically where possible but may require further documentation please send in identify documentation if needed
- Copy of Memorandum and Articles of Association
- Copy of recent Bank Account Statement (dated within the last 3 months)
- Proof of registered and postal address