

Account holder(s) name(s): _____

Account/Portfolio number (if available): _____

AGREEMENT INDEX

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IN ADDITION TO THE APPLICATION, please enclose

- | |
|---|
| + Extract of Commercial Register (in original or notarized copy) |
| + Or, if the company is registered in a common law country :
- Certificate of Incorporation (in original or notarized copy)
- Certificate of Good Standing (if Certificate of Incorporation is older than 12 months; in original or notarized copy)
- Memorandum & Articles of Association (in original or notarized copy)
- Certificate of Incumbency or other official document (made by an official State authority) listing the directors in charge (all in original or notarized copies). |
| + For all authorized signatories and all officers signing the application :
- Notarized copy(ies) of passport(s) or identity card(s) (with photo and signature). The copy(ies) must be fully legible and the photograph clear and identifiable.
- Utility Bill (ex. electricity, telephone, etc.) or a notarized proof of residence for that (these) person(s)
- Authentication of signature by a public notary for all authorized signatories (if not features on the Passport or Identity Card) and for all persons signing the documentation. |

If the company is not the beneficial owner of the assets to be deposited as per "Form A" of this agreement, please enclose

For each person listed as beneficial owner on the document "Form A"

- | |
|--|
| + Notarized copy of passport or identity card (with photo and signature).
The copy must be fully legible and the photograph clear and identifiable. |
| + Utility Bill (ex. electricity, telephone, etc.) or a notarized proof of residence for that (these) person(s) |

For each company listed as beneficial owner on the document "Form A"

- | |
|---|
| + Extract of Commercial Register (in original or notarized copy). |
| + Or, if the company is registered in a common law country :
- Certificate of Incorporation (in original or notarized copy).
- Certificate of Good Standing (if Certificate of Incorporation is older than 12 months; in original or notarized copy).
- Memorandum & Articles of Association (in original or notarized copy).
- Certificate of Incumbency or other official document (made by an official State authority) listing the directors in charge (all in original or notarized copies). |

Account holder(s) name(s): _____
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COMPANY INFORMATION

Please complete the application form below. If you have any questions about the application, please contact the Customer Desk. Fields marked with a "*" are mandatory.

Company name*: _____
 Place and Country of Incorporation*: _____
 Legal form*: _____ Date of Incorporation*: _____
 Nature of business / Sector of activity*: _____
 Number of employees*: _____ Number of years in business*: _____
 Company website*: _____
 Annual turnover*: _____ Annual earnings*: _____

Registered Address
 Street & Number*: _____
 City*: _____ Postal code*: _____
 State / Province: _____ Country*: _____

Business Address
 Street & Number*: _____
 City*: _____ Postal code*: _____
 State / Province: _____ Country*: _____

Contact details
 E-mail*: _____

NOTE : Please enter your Country Code followed by City Code, then the phone number.

Day Phone Number*:				Mobile Phone:			
Alternative Phone :				Fax Number :			

Language for correspondence*: _____

TYPE OF ACCOUNT

We wish to open an online account in accordance with the General Business Conditions and Safe Custody Regulations of the Bank.

ONLINE TRADING

We wish to have access to one or more terminals, including terminal access through the Bank internet browser, for the electronic transmission of orders and/or transactions, for our accounts with M I G BANK.

BASE CURRENCY

Unless otherwise directed, amounts deposits will be converted in the currency selected below

	USD	EUR	GBP	CHF	JPY	AUD	CAD	PLN	SGD	TRY	NOK
Currency denomination											

Estimated initial deposit*: _____
 Estimated total deposit within one year*: _____

PLANNED INVESTMENT (please check the appropriate boxes)

Forex	CFD	Commodities	Futures/Options	Bonds/Shares	Funds



Account holder(s) name(s):

Account/Portfolio number (if available):

DO YOU DISPOSE ALREADY OF AN ACCOUNT AT M I G BANK ?

No Yes, account number(s):

DID YOU OPEN A DEMO ACCOUNT WITH M I G BANK?

No Yes, account number:

WERE YOU CONTACTED BY A MEMBER OF M I G BANK'S TEAM?

No Yes, by Mr./Mrs.

HAVE YOU BEEN INTRODUCED TO M I G BANK BY SOMEBODY ?

No Yes, introduced by:

FINANCIAL INFORMATION

Origin of money to invest (Select as many as apply, min. 1 choice)

Earned income Assets remitted by clients Financial markets earnings Other

COMPANY AND PERSONAL SITUATION

Is the company a state owned company, or does the company belong to such a group of companies?

No Yes, please comment:

Empty text box for comment.

Do any of the directors of the company hold any prominent public office (e.g. head of state or government; senior politician, high-ranking official in the public administration, the judiciary, the armed forces or political party; senior executive officer of a state-owned enterprise of national importance)? Or do any of the directors have close family, or personal or business relations with any such person? Or does any person likely to be involved in the client relationship or anyone close to them hold such office?

No Yes, please comment:

Empty text box for comment.

GENERAL CONDITIONS AND CONTRACT DOCUMENTS

By signing below, you hereby agree that you have received, read, understood, consented and accepted any and all of the General Business Conditions and Safe Custody Regulations.

You confirm you have received, read, understood, consented and accepted the "Special risks in securities trading" brochure.

Company Name	Name(s) of Authorized Officer(s)
Place	Signature(s) & Stamp
Date	



Please note that this form will not be accepted if it contains any alterations



VERIFICATION OF THE BENEFICIAL OWNER

According to the Swiss regulation the Bank must identify the economical beneficial owner(s) of the assets deposited on the account. If you are the beneficial owner(s) of the assets, please check the first box to confirm that you are the beneficial owner(s) and then sign at the bottom of the page. If you are not the beneficial owner(s), please check the second box and fill in all the requested information. Please also provide us with a notarized copy of the passport or company documents of this(these) person(s) or company(ies).

The contracting partner hereby declares

- That the contracting partner is the beneficial owner of the assets deposited with M I G BANK**
 OR
 That the beneficial owner(s) of the assets deposited with M I G BANK is(are) (write below)

Family name / First name or Company name	Date of birth or incorporation (D / M / Y)	Nationality or country of incorporation	Address	Country

The contracting partner(s) undertake(s) to automatically inform M I G BANK of any changes.

It is a criminal offence to deliberately provide false information on this item (**Art. 251** of the Swiss Penal Code, document forgery; penalty : imprisonment for up to five years or a fine).

Place	Signature(s)
Date	



Account holder(s) name(s): _____

Account/Portfolio number (if available): _____

LEGAL PERSONS: DECLARATION OF NON-US PERSON OR US PERSON STATUS

In accordance with the requirements of the American tax regulations with respect to withholding tax, the undersigned account holder asks the bank to acknowledge the following declarations concerning the assets deposited on the aforementioned account(s).

That the account holder is a non-US person, that is to say it has not got its registered office in the United States, that it is not an American legal person, that it is not liable to tax in the United States on any other grounds, and that for the purposes of the American tax regulations, it is the beneficial owner of the assets that it holds and of their income. If there is a double taxation treaty between the United States and the country of domicile of the Client, the Bank will only grant the Client, who satisfies the conditions, the benefit of a reduction in American withholding tax on income from an American source, if the box below is ticked :

The account holder agrees to inform the Bank without delay of any change to its status as a non-US person or beneficial owner. In such a case, the holder expressly agrees that all the securities from an American source that are shown on the account of the holder shall be sold immediately. American backup withholding tax at the rate in force at the time of the sale (currently 28%) will be deducted from the proceeds of the sale, and will be paid to the IRS. In this context the Bank is authorised, but not obliged, to sell all the securities of the holder from an American source, without notice, but with all due diligence. The account holder is aware and accepts that the Bank will not file fiscal reports with the IRS on the basis of a W-9 form.

The account holder satisfies all the conditions of the treaty that are essential for requesting a reduced rate of withholding tax, including the limitation on benefits clauses of the treaty, and receives the income for the purposes of Section 894 of the Code and the corresponding rules, in his capacity as beneficial owner.

That the account holder is a US person, that is to say it has its registered office in the United States, that it is an American legal person, that it is liable to tax in the United States on all other grounds or that it is not, for the purposes of the American tax regulations, the beneficial owner of the assets that it holds and of their income. The account holder accepts that the Bank may, for legal and fiscal reasons, refuse to grant it access to any securities from an American source (in particular access to the stock markets in the United States, to American securities listed on other markets, and to investment funds offered on its trading platform).

Under penalties of perjury, the account holder declares having examined the information on this item and to the best of its knowledge and belief it is true, correct and complete.

Company Name	Name(s) of Authorized Officer(s)
Place	Signature(s) & Stamp
Date	



Account holder(s) name(s): _____
 Account/Portfolio number (if available): _____

AUTHORISED SIGNATORY (-IES)

Family name: _____
 First name: _____
 Nationality: _____
 Date of birth (D / M / Y): _____
 ↘ Please enter your Country Code followed by City Code, then the phone number
 Phone: _____
 Email: _____
 Type of signature: Individual: _____

Family name: _____
 First name: _____
 Nationality: _____
 Date of birth (D / M / Y): _____
 ↘ Please enter your Country Code followed by City Code, then the phone number
 Phone: _____
 Email: _____
 Type of signature: Individual: _____

Family name: _____
 First name: _____
 Nationality: _____
 Date of birth (D / M / Y): _____
 ↘ Please enter your Country Code followed by City Code, then the phone number
 Phone: _____
 Email: _____
 Type of signature: Individual: _____

Family name: _____
 First name: _____
 Nationality: _____
 Date of birth (D / M / Y): _____
 ↘ Please enter your Country Code followed by City Code, then the phone number
 Phone: _____
 Email: _____
 Type of signature: Individual: _____

The signatures set out above shall be binding upon the account holder for all transactions with the Bank. The authorized signatories set out above shall have unlimited authority to act on behalf of the undersigned legal entity in all business dealings with the Bank. In particular, they shall be entitled to operate accounts and custody accounts, take out loans, enter into obligations under bills of exchange, issue receipts and grant powers of attorney. This signature List applies to the main account portfolio above and to all its related accounts.

The foregoing signature authorities shall remain in effect unless or until the bank receives written revocation thereof, notwithstanding any entries to the contrary in the Commercial Register, any publication, or any other statutory grounds for termination.

If there is more than one authorized signatory, each signatory, each signatory shall be deemed to be vested with individual signature authority, unless the Bank has been informed of any other arrangement in writing. The account holder hereby certifies that the signature(s) set out above is/are authentic and genuine. Unless otherwise indicated this Signature List shall supersede all other forms previously in effect.

All legal relations between the Client and the Bank shall be governed by Swiss law. The place of performance and the place of jurisdiction for any proceedings whatsoever, including for the Client domiciled abroad, is NEUCHÂTEL, Switzerland. However, the Bank retains the right to file an action in the country of domicile of the Client or before any other competent court, in which case Swiss law will still apply.

NOTE: Please sign a specimen for each authorised signatory in the boxes above.

Company Name	Name(s) of Authorized Officer(s)
Place	Signature(s) & Stamp
Date	

Account holder(s) name(s): _____
 Account/Portfolio number (if available): _____

ACCOUNT HOLDER INFORMATION

Account holder(s) name(s): _____
 Main account number: _____

BOARD RESOLUTION

The undersigned, Chairman and/or Secretary of _____, a corporation duly organized and existing under the laws of _____ hereby certify that the following Resolution of the Board of Directors of the Company was passed at a meeting of the Board duly held at _____ on _____ a quorum of the Directors being present and voting.

Resolved

That the Company shall open an account with M I G Bank (hereinafter "the Bank") and by means of this Resolution the following person(s) shall be authorized to represent the undersigned legal entity (hereinafter "the Company") with legally binding effect in all its business relations regarding the above-mentioned account with the Bank.

	Family name, first name	Type of signature (Individual/Joint)
1		
2		
3		
4		

The above authorized officer(s) shall open, close, manage and dispose of the Company's account with the Bank in accordance with the terms and conditions the authorized officer(s) may agree with the Bank in his/her/their sole discretion.

Any documents signed and any acts done by the authorized officer(s) in pursuance of the foregoing are hereby fully approved and ratified.

The undersigned expressly confirm the authenticity of the specimen signatures affixed above and recognize their binding nature in all relationships between the Company and the Bank.

This authority to sign shall remain valid exclusively until the Bank shall have received a written revocation, notwithstanding any differing entries in the Commercial Register or other publications or any grounds of legal extinction.

The above officers authorities shall remain in effect or until the bank receives written revocation thereof, notwithstanding any entries to the contrary in the commercial register, any publication, or any other statutory grounds for termination.

All legal relations between the Client and the Bank shall be governed by Swiss law. The place of performance and the place of jurisdiction for any proceedings whatsoever, including for the Company domiciled abroad, is NEUCHÂTEL, Switzerland. However, the Bank retains the right to file an action in the country of domicile of the Company or before any other competent court, in which case Swiss law will still apply.

Chairman's Signature	Secretary's Signature
Name: _____	Name: _____
Place	Date



Please note that it is not mandatory to return this form

M I G AND UNICEF

Since January 1st 2007, M I G BANK collaborates with UNICEF to support its role as the World’s driving force for the wellbeing of children. M I G BANK backs this initiative by donating a percentage of its profits to UNICEF projects.

We encourage you to join us in this program by selecting the donation of your choice

- I / we wish to donate USD 25.- to UNICEF and therefore instruct M I G bank to withdraw the donation from my account upon receipt of the first deposit in my account in order to credit UNICEF
- I / we wish to donate USD _____ to UNICEF and therefore instruct M I G BANK to withdraw the donation from my account upon receipt of the first deposit in my account in order to credit UNICEF
- I / we do not wish to donate to UNICEF

Who is UNICEF ?

UNICEF is the United Nations Children’s Fund created with the purpose in mind to work with others to overcome the obstacles that poverty, violence, disease and discrimination place in a child’s path. It works in 190 countries through country programmes and National Committees.

It advocates for measures to give children the best start in life, because proper care at the youngest age forms the strongest foundation for a person’s future.

It promotes girls’ education – ensuring that they complete primary education as a minimum – because it benefits all children, both girls and boys. Girls who are educated grow up to become better thinkers, better citizens, and better parents to their own children.

It acts so that all children are immunized against common childhood diseases, and are well nourished, because it is wrong for a child to suffer or die from a preventable illness.

It works to prevent the spread of HIV / AIDS among young people because it is right to keep them from harm and

enable them to protect others. It helps children and families affected by HIV / AIDS to live their lives with dignity.

It involves everyone in creating protective environments for children. It is present to relieve suffering during emergencies, and wherever children are threatened, because no child should be exposed to violence, abuse or exploitation.

UNICEF upholds the Convention on the Rights of the Child. It works to assure equality for those who are discriminated against, girls and women in particular.

It works for the Millennium Development Goals and is part of the Global Movement for Children – a broad coalition dedicated to improving the life of every child. Through this movement, and events such as the United Nations Special Session on Children, it encourages young people to speak out and participate in the decisions that affect their lives.

Please refer to www.unicef.org should you be interested in further understanding.

Place	Donor(s) Signature(s)
Date	

ACCOUNT INFORMATION

Account holder(s) name(s): _____
 Login/account number (if available): _____

RISK WARNING

Using leverage amplifies the effects of market movements on your capital. While using higher leverage can increase your potential profits, it will equally significantly increase your potential losses. If the underlying of one of your trades moves in the opposite direction of what you believed would happen, leverage will greatly amplify your potential losses. The higher the leverage you use, the higher the risk you take to lose your entire investment in a very short period of time.

Furthermore, by using leverage, you risk to lose more than your capital invested. This can happen in cases where you have open positions and the market gaps as a result of some market news for example and then the best attainable price to close your open positions results in losses more than your capital.

Before starting your trading, M I G BANK requests you to read the full risk disclosure in the General Conditions (nr. 2.1.2.). Furthermore, M I G BANK requests you to assess your own risk tolerance by informing and familiarizing yourself with the use of leverage and then deciding what leverage to use. Requesting a smaller leverage, restricting the use of leverage and adopting a strict trading style that includes the use of stop and limit orders would reduce your risks.

DEFAULT RATES

M I G BANK has got default leverage rates as published on its website www.migbank.com for different account levels.

This leverage is what M I G BANK sets up by default on the trading system for its clients. It shall NOT be deemed as the leverage M I G BANK advises you to use. As per the risk warning above, M I G BANK requests you to decide yourself the leverage to use that is best adapted to your risk tolerance. The purpose of this Leverage Setup Request is to ask you to take position on that before starting your trading.

REQUESTED LEVERAGE

Consequently and after having taken notice of the above, please choose hereby to:

Set Initial Margin Requirement (Leverage) for FX Majors at*:

* Please fill desired leverage for FX major pairs, for example 1:1, 1:10, 1:50, 1:100 etc... For other FX crosses, commodities and CFDs, your leverage granted will also be changed from the ones published on our website proportionally to what you request. For example, if you will ask to half the leverage granted on FX majors, it will also be halved from the one published on the rest of the underlyings. Such leverage change request is subject to approval by M I G BANK and the leverages can be subsequently modified by M I G BANK without prior notice.

For any assistance and further information on that, please do not hesitate to contact us.

CLIENT'S SIGNATURE

By signing below, I/we acknowledge that I/we have read and understood the risk disclosure statement, that I/we have gathered all knowledge and information needed for me/us to make my/our own choice of leverage to be used in my/our trading as filled above and finally that I/we have done so independently from M I G BANK and as such that I/we will hold M I G BANK harmless from the outcome of using leverage for trading.

Place	Account holder(s) signature(s)
Date	