

APPLICATION FORM FOR A FOREIGN COMPANY APPLICANT

SECTION 1: COMPANY INFORMATION

Full Company Name:	<input type="text"/>		
Country of formation/ incorporation / registration:	<input type="text"/>		
Foreign Registration ID number:	<input type="text"/>		
Foreign Registration Body:	<input type="text"/>		
Corporation Type:	<input type="checkbox"/> Public Company	<input type="checkbox"/> Proprietary (private) Company	<input type="checkbox"/> Other
Is this a Sole Director/ Sole Company Secretary Company:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

SECTION 2: REGISTERED OFFICE OR CONTACT INFORMATION OF LOCAL AGENT IN AUSTRALIA (PO BOX IS NOT ACCEPTABLE)

Local Agent Name:		
Address:		
State:	Post Code:	Country:

PRINCIPAL PLACE OF BUSINESS (PO BOX IS NOT ACCEPTABLE)

Address:		
State:	Post Code:	Country:
Phone:	Fax:	
E-mail:		

SECTION 3: IDENTIFICATION OF DIRECTOR(S) / AUTHORISED PERSON(S)

This section only needs to be completed if the company is registered as a private company by the relevant foreign registration body.

Director's full name (1):	<input type="text"/>	Will this person act as the Company's Authorised Person? <input type="checkbox"/>
Director's full name (2):	<input type="text"/>	Will this person act as the Company's Authorised Person? <input type="checkbox"/>
Director's full name (3):	<input type="text"/>	Will this person act as the Company's Authorised Person? <input type="checkbox"/>
Director's full name (4):	<input type="text"/>	Will this person act as the Company's Authorised Person? <input type="checkbox"/>

SECTION 4: BENEFICIAL OWNERS OF THE COMPANY

This section only needs to be completed if the company is registered as a private company by the relevant foreign registration body.

Please provide details of all individuals who are beneficial owners through one or more (direct / indirect) shareholdings of more than 25% of the company's issued share capital.

Beneficial owner's full name (1):		Residential address (P.O Box is not acceptable):	
Beneficial owner's full name (2):		Residential address (P.O Box is not acceptable):	
Beneficial owner's full name (3):		Residential address (P.O Box is not acceptable):	
Beneficial owner's full name (4):		Residential address (P.O Box is not acceptable):	

SECTION 5: OTHER INFORMATION

1) Investment objectives and experience

Preservation of Capital: <input type="checkbox"/>	Income: <input type="checkbox"/>	Growth: <input type="checkbox"/>	Trading profits: <input type="checkbox"/>	Speculation: <input type="checkbox"/>	Hedging: <input type="checkbox"/>
Stocks: <input type="checkbox"/> Years Trading: <input type="text"/>	Currencies: <input type="checkbox"/> Years Trading: <input type="text"/>	Futures: <input type="checkbox"/> Years Trading: <input type="text"/>			
Commodities: <input type="checkbox"/> Years Trading: <input type="text"/>	Options: <input type="checkbox"/> Years Trading: <input type="text"/>	Additional: <input type="text"/>			
How did you hear about us? <input type="text"/>					
Which broker(s) did you trade with? <input type="text"/>					

2) Financial information

Estimated Initial Deposit: <input type="text"/>	Annual Net Income: <input type="text"/>
Total Assets: <input type="text"/>	Liquid Assets: <input type="text"/>
Source of Funds (salary, investments etc.): <input type="text"/>	

3) Employment details

Employed: <input type="checkbox"/>	Unemployed: <input type="checkbox"/>	Retired: <input type="checkbox"/>	Student: <input type="checkbox"/>
Occupation: <input type="text"/>	Industry: <input type="text"/>		

SECTION 6: ACCOUNT INFORMATION

I would like to open the following type of account(s): Micro: <input type="checkbox"/> Standard: <input type="checkbox"/> Professional: <input type="checkbox"/>	Main Currency: AUD: <input type="checkbox"/> USD: <input type="checkbox"/> Other: <input type="text"/>
Promo/Referral Code: <input type="text"/>	Phone Dealing Password: <input type="text"/>

SECTION 7: AUTHORITY

I/We, hereby declare that by signing this Application Form:

1. I/We confirm that I/we have received, read and understood the following documents:
 - [Admiral Markets Product Disclosure Statement](#);
 - [Admiral Markets Financial Services Guide](#); and
 - [Admiral Markets Account Terms](#),
2. I/We apply for an Account on the terms of and agree to be bound by the Admiral Markets Account Terms;
3. I/We acknowledge and accept that for Corporate Applicants all the Directors must have executed the Deed of Guarantee and Indemnity attached.
4. I/We agree and consent that Admiral Markets may collect, retain, store, use and disclose information about me/us and, if applicable, my/our directors, officers, agents, beneficiaries and authorised representatives for the purposes of operating my/our Account, implementing transactions permitted to be made for it, complying with legal obligations or as I/we authorise from time to time. I/We agree that this information may be disclosed to associates of Admiral Markets or to service providers for my/our Account, and may be used by any of them only for the purposes of our Account;
5. I/We acknowledge and agree that an Account for me/us will be established on the Account Terms applying to this Application Form; and
6. the information that I/we have supplied in this Application Form is true and correct and not misleading.

[Corporate applicants should execute either under company seal or by at least a current director and a director/secretary, or if a sole director, by that person.]

Date of Execution
(DD/MM/YYYY):

Applicant 1

Given Name (First Name):

Surname:

Signature:

Applicant 2

Given Name (First Name):

Surname:

Signature: