

## Customer Account Information

Thank you for choosing FXDD MALTA LIMITED "FXDD". To make it easy and convenient to open your account, we've included all the necessary forms in this application packet. The instructions to complete your account approval process are:

**Step 1: Complete the Customer Account Application and SIGN the Customer Application. Carefully read the Customer Agreement, the Risk Disclosure Statement and the Trading Rules and Regulations. SIGN the acknowledgement for the Customer Agreement, Risk Disclosure Statement and Trading Rules and Regulations. Submit the completed and signed Customer Account Application (in its entirety) and the Signature Page for the Customer Agreement, Risk Disclosure Statement and Trading Rules and Regulations.**

**Step 2: Verify & Submit Additional Personal Information.**

It is FXDD's policy to verify personal information provided on this application. *Required of all authorized signatories on this account.*

- **U.S. Residents:** At this time you are not required to submit photo ID's. We will advise you if additional identification information is required.
- **Non U.S. Residents:** Please submit two (2) forms of identification, including one (1) photo ID (i.e. passport or any other government-issued document evidencing nationality or residence and bearing a photograph), AND one (1) proof of address as represented on this application (i.e. utility bill, driver's license, bank statement, etc.). Required of all authorized signatories on this account.

**Step 3: Send your completed, signed application (in its entirety), the Customer Agreement, Risk Disclosure Statement, Trading Rules and regulations and applicable tax form, along with required photo ID(s) to FXDD:**

**via FAX or e-mail (for expedited processing)**

ATTN: New Accounts  
Fax: +356 2138 3307  
[applications@fxdd.com.mt](mailto:applications@fxdd.com.mt)

**via Mail:**

Customer Accounts  
FXDD Malta Limited  
K2, First Floor  
Forni Complex,  
Valletta Waterfront  
FRN 1913 Malta (Europe)

**Step 4: Fund Your Account.**

Customers must deposit a minimum of USD 250.00 to open a Mini account, or USD 2,000.00 to open a Standard account. **Cash deposits are not accepted, which includes money orders, traveler's checks or other cash equivalents. Under no circumstances will FXDD make or receive payments via third parties. There are five easy ways to fund your account:**

a) **Wire Transfer - *The fastest way to fund your account***

*Bank wires are typically received and credited to client's account within 1-2 business days.*

**JPMorgan Chase Bank, N.A.** (1 Chase Manhattan Plaza, New York, NY 10081)

ABA: 021000021

Account: 799826920

Swift: CHASUS33

Account Name (Beneficiary): FXDD Malta, LTD

Special Instructions: (Please specify your name and FXDD account information here)

**Bank of Valletta, Valetta Business Centre (45, Republic Street, Valetta VLT 1113 – Malta)**

Account No: 4001881736-8

BIC: VALLMTMTCCY: USD (SAVINGS)

IBAN: MT95 VALL 2201 3000 0000 4001 8817 368

DESIGNATION: CUSTOMER FUNDS INFLOW ACCOUNT

Special Instructions: (Please specify your name and FXDD account information here)

b) **Certified Bank or Cashier's Cheque** - Once received, Certified Bank or Cashier's Cheque are typically credited to client's account within two (2) business days.

c) **Personal or Business Cheque** - Funds sent via personal or business cheque take 5-10 business days (from date of receipt) to clear and be credited to client's trading account, according to our banking partner's posted schedule. This can vary depending on the bank and country of issue. International checks may take several weeks to clear.

**Please make checks payable to FXDD.**

d) **PayPal** – Once your account has been created, visit our website, and follow instructions in the "Transfer Funds" section, by using your live account login name and password to link with the PayPal website.

An FXDD representative will contact you when your application has been approved and you have been cleared for trading. If you have questions or require assistance completing the application, please call us at +356 2013 3933 or email us at [sales@fxdd.com.mt](mailto:sales@fxdd.com.mt)



Skip this section if you are applying for an Individual or Corporate Account

### 3. PERSONAL INFORMATION

(CO-APPLICANT, OR ADDITIONAL CORPORATE REPRESENTATIVE) - Required

Full Name:			Date of Birth (MM/DD/YYYY):					
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male		Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married		Social Security or Tax ID #:				
Home Address (P.O. Boxes are not accepted):								
City:		State/Region:		ZIP/Postal Code:		Country:		
Home Telephone:			Mobile Telephone:			Fax:		
U.S. Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO						If NO, what country? _____		

### 4. EMPLOYMENT STATUS (PRIMARY ACCOUNT HOLDER) - Required

(Please check one)	<input type="checkbox"/> Employed	<input type="checkbox"/> Self-employed	<input type="checkbox"/> Retired
	<input type="checkbox"/> Student/Homemaker	<input type="checkbox"/> Unemployed	

If you select Employed, Self-employed, Unemployed, or Retired, please provide current or previous employment.

Employer's Name:			Years There:		
Nature of Business:		Position:		Telephone:	
Employer's Address:			Business Email:		

Skip this section if you are applying for an Individual or Corporate Account

### 5. EMPLOYMENT STATUS (CO-APPLICANT) - Required

(Please check one)	<input type="checkbox"/> Employed	<input type="checkbox"/> Self-employed	<input type="checkbox"/> Retired
	<input type="checkbox"/> Student/Homemaker	<input type="checkbox"/> Unemployed	

If you select Employed, Self-employed, Unemployed, or Retired, please provide current or previous employment.

Employer's Name:			Years There:		
Nature of Business:		Position:		Telephone:	
Employer's Address:			Business Email:		

Skip this section if you are applying for an Individual or Corporate Account

### 6. JOINT CUSTOMER SHARE ALLOCATION

(FOR INDIVIDUAL ACCOUNTS – SKIP THIS SECTION) - Required

For all Joint Accounts, each tenant has authority:

- a) To trade for the Account subject to the agreements of the Account.
- b) To receive all correspondence and documents in respect of the Account.

- c) To receive or withdraw cash and other property.
- d) To execute agreements relating to the account.
- e) To deal fully with FXDD.

**A Funds Redemption Form should be signed by all the joint applicants.**

This form can be downloaded at [www.fxdd.com.mt](http://www.fxdd.com.mt).

FXDD has the authority to require joint action by the parties to the Account in matters of the Account. FXDD has possession over the security of the Account individually or jointly. If a death occurs to one or more of the tenants, FXDD shall be notified in writing. All expenses due to the date of notification shall be charged to the Account. **If no percentage (%) is indicated, each tenant is presumed to have an equal share, with a total of 100%.**

**7. FINANCIAL INFORMATION - Required**

Estimated Annual Income (in USD):	Net Worth (in USD) (estimated total value of all your assets minus your liabilities):	Liquid Net Worth (in USD) (estimated total value of all your assets, minus your liabilities that are in cash or cash equivalents, or could easily be converted to cash):
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Customers should use only their own available Risk Capital for trading foreign exchange. Risk Capital means funds, which if lost, would not change your lifestyle or your family's lifestyle. This information is necessary to assist FXDD in assessing your suitability for trading foreign currencies. Completing the information will not have the effect of limiting you potential losses to the amount indicated.

\*\*\*If your risk capital is greater than 25% of your Net Worth, in order for you to be considered for an FXDD trading account, you will be required to complete and sign an ["Additional Risk Disclosure Document"](#) (Applies to Primary and Co-Applicant).

**8. PREVIOUS TRADING & INVESTMENT EXPERIENCE - Required**

Foreign Exchange (Check one):	<input type="checkbox"/> None	<input checked="" type="checkbox"/> Annually	<input type="checkbox"/> 6-24 Months	<input type="checkbox"/> 24 or more months
Stocks (Check one):	<input type="checkbox"/> None	<input type="checkbox"/> 0-6 Months	<input type="checkbox"/> 6-24 Months	<input type="checkbox"/> 24 or more months
Bonds (Check one):	<input type="checkbox"/> None	<input type="checkbox"/> 0-6 Months	<input type="checkbox"/> 6-24 Months	<input type="checkbox"/> 24 or more months
Futures (Check one):	<input type="checkbox"/> None	<input type="checkbox"/> 0-6 Months	<input type="checkbox"/> 6-24 Months	<input type="checkbox"/> 24 or more months
Options (Check one):	<input type="checkbox"/> None	<input type="checkbox"/> 0-6 Months	<input type="checkbox"/> 6-24 Months	<input type="checkbox"/> 24 or more months
Any others?				
What is your total volume of transactions to date*:				
How often do you trade? (Check box below)				
<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annually <input type="checkbox"/> Annually				

\*\*\*If you do not have at least 6 months of futures, securities, or foreign exchange investment or trading experience, in order for you to be considered for an FXDD trading account, you will be required to complete and sign an ["Additional Risk Disclosure Document"](#) (Applies to Primary and Co-Applicant).

## 9. PROFESSION

Kindly indicate any previous profession relevant to determine knowledge and experience of applicant/s in relation to transactions in the checked instruments as found under section 8. If there is insufficient space for a detailed answer, please securely attach continuation sheets at the back of this document.

**\*\*\*Where the applicant/s chooses not to provide the information requested in sections 8 and 9 or provides insufficient information, this will not allow FXDD to determine whether the transaction or instrument in which the applicant/s intend to trade is appropriate for applicant/s**

## 10. BANK REFERENCE INFORMATION - Combined

Name of Bank:

Bank Address:

City:

State/Region:

ZIP/Postal Code:

Country:

Account Number:

Name of Account Holder:

ABA or Swift Number:

By signing this application, the applicant(s) authorizes FXDD and its banking partner(s) to inquire from the financial institution of applicant/s as to the standing of the account of applicant/s. Such authorization includes consent of applicant/s to release information regarding account of applicant/s to FXDD, its banking partner(s) and/or any competent authority and/or Court/Tribunal that may request such information from FXDD.

## 11. SOCIAL SECURITY OR TAX ID CERTIFICATION & BACK UP WITHOLDING STATEMENT (U.S. CLIENTS ONLY)

**Under penalties of perjury, I (We) the undersigned client, certify (1) the Social Security or Tax Identification number shown on this application agreement is the correct Social Security or Tax Identification number and (2) the ownership, or beneficiary, of this account is not subject to backup withholding under the Section #3406 (a)(1)(C) of the Internal Revenue Code.**

**12. MISCELLANEOUS ACCOUNT INFORMATION - Required**

Will any person or entity have control over or manage the trading or investing on account of applicant/s

Yes  No

**If Yes, you must include a Limited Power of Attorney Form with your application.**

This form can be downloaded at <http://www.fxdd.com.mt>.

Please provide name, address, social security number and telephone number of all persons and entities having a financial interest in this account.

Has there been, or is there currently, pending or threatened litigation between applicant/s and ANY regulator, exchange, brokerage firm, Forex firm, securities firm, investment services firm or registered representative of any of the preceding, pending or threatened?

Yes  No

If **"YES"**, please explain the details and list the dates of all litigations:  
(If your explanation does not fit here, please attach on a separate sheet of paper.)

**Pending /Threatened Litigation A Explanation:** Date: \_\_\_\_\_

**Pending /Threatened Litigation B Explanation:** Date: \_\_\_\_\_

Have you left a debit balance at another firm? (i.e. you still owe money to that firm)

Yes  No

If Yes, please state which firm and how much money you owe:

Do you work for a financial institution?

Yes  No

If Yes, please state which one.

Date of Employment:

Please check the corresponding box for the highest level of education completed (required):

High School  2-Year Degree  Bachelor's Degree  Master's Degree  Doctorate

Are you a Politically Exposed Person or related to a Politically Exposed Person or close associate to a Politically Exposed Person?

Yes  No

### 13. SIGNATURES - Required

\*\*\*These disclosures must be checked off (✓) below as part of your acknowledgment that you have read and understand the FXDD Customer Agreement (pg. 11-32). Required for all applicants.

			Primary Account Holder	Joint Account Holder
1.	Scope of Agreement	Pg. 4	Required	_____
2.	Risk Acknowledgements	Pg. 5	Required	_____
3.	Customer's Representations & Warranties	Pg. 5	Required	_____
4.	Trading	Pg. 8	Required	_____
5.	Margin Requirements	Pg. 10	Required	_____
6.	Security Agreement	Pg. 11	Required	_____
7.	Liquidations of Accounts & Deficit Balances	Pg. 11	Required	_____
8.	Trading Recommendations	Pg. 14	Required	_____
9.	Entire Agreement	Pg. 17	Required	_____
10.	Law and Jurisdiction	Pg. 18	Required	_____
11.	FXDirectDealer Risk Disclosure	Pg. 19	Required	_____
12.	Trading Rules and Regulations	Pg. 24	Required	_____

**CUSTOMER INFORMATION:** I (We) hereby represent that the information provided in this application document is complete, true and correct. I (We) further represent that I (We) will notify FXDD of any material changes thereto in writing. FXDD reserves the right, but has no duty, to verify the accuracy of information provided, and to contact bankers, brokers and others as it deems necessary.

_____ Account Holder Signature	_____ Joint Account Holder Signature <i>(If Applicable)</i>
_____ Print Client Name	_____ Print Client Name
_____ Date (MM/DD/YYYY)	_____ Date (MM/DD/YYYY)

Please Fax a signed copy to: (+356) 2138-3307 or sign and scan a copy to [sales@fxdd.com.mt](mailto:sales@fxdd.com.mt)