

Partnership Questionnaire Form

	<u>For</u>	office	use	only:
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Master Introducer Broker (MIB)	
Introducer Broker (IB)	
Affiliate	

1. PLACE AND DATE						
Place		Date				
2. PARTNERSHIP INFORMATION (r	nandato	ry)				
a. General Information						
		COM	PANY			
Corporate name:						
Country:						
Registered address:			I			
Registered number:		I	E-mail:			<u> </u>
Day Phone Number:			Mobile Phone:			
		INDIV	IDUAL			
First name:			Last name:			
Country of residence:			,			
Address:						
Date of birth:			E-mail:			
Day Phone Number:			Mobile Phone:			
b. Already a client with IK Trust?						
Yes	No					
c. Were you introduced by an Intro	ducing A	gent?				
Yes No						
Introducing Agent Name:						
3. PROFESSIONAL EXPERIENCE OF FINANCIAL MARKETS (mandatory)						
a. Website						
Yes No						
If yes, please indicate:						
b. Please briefly describe the business activity:						
Nature of business, goals, geographic range, etc.:						
c. In addition mark with an X if you offer some of the following services:						
☐ Introducing clients/Agents ☐ Advisory ☐ Training ☐ Signals ☐ Alerts ☐ Web						
Programming trading tools (e.g. Expert Advisor) Others						



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d. Years of experience in:			
Finance:	Forex:		
e. Are any regulatory license(s) required by the financial author	orities?		
Yes No			
If yes, state which?			
Are you regulated? By whom?			
f. Are there any issues with clients, regulators or similar autho	rities that we should know about?		
Conflicts:	Cases in Courts:		
g. Have you referred clients to other providers?			
Yes No			
Which providers?			
4. PARTNERSHIP BUSINESS MODEL (mandatory) a. Country of residence of introduced clients:			
Countries of residence:	% of total client base		
b. Are you aware about risks of cross border business?			
Yes No			
Details:			
c. Promotion of your services:			
Internet	Yes No		
Print media or TV	Yes No		
Visits, phone calls, e-mails	Yes No		
d. What type of clients do you intend to introduce to IK Trust (professional or retail clients, institutional clients)?			
Details:			



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e. Promotion scheme of services				
Passive solicitation (Clients contact you, selective networking)		Active solicitation (Your network contacts clients, open advertising)		
5. EXPECTED BUSINESS (mandator	y)			
Expected number of clients within:				
1 month: 3 m	onths:	6 months:	1 year:	
Expected average initial investment per client (in USD):				
Expected total number of traded lo	ts round turn per month ir	n the first year:		
Partnership:			Witness:	
Signatura			Signaturo	
Signature			Signature	
Name : Date :			Name : Date :	

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