

## Customer Account Information

Thank you for choosing Global - Network Trading Co. 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. SIGN the acknowledgement for the Customer Agreement. Submit the completed and signed Customer Account Application (in its entirety) and the Signature Page**

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

- Please submit two (2) forms of identification, including one (1) photo ID (i.e. passport, drivers license or any other government issued document evidencing nationality and bearing a photograph), AND one (1) proof of address as represented on this application (i.e. recent utility bill, 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 Global Network:**

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

ATTN: New Accounts

Email:

glob.network@yandex.com

**via Mail:**

Customer Accounts

Global – Network Trading Co.

102 New Bond Street

LONDON

UNITED KINGDOM

W1S 1RR

**Step 4: Fund Your Account.**

A Global Network 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 email us at [glob.network@yandex.com](mailto:glob.network@yandex.com)

[illegible]

**2. PERSONAL INFORMATION (PRIMARY ACCOUNT HOLDER, MANAGER, TRUSTEE, CUSTODIAN OR CORPORATE REPRESENTATIVE) - Required**

First Name:		Middle Name:		Last Name:	
Date of Birth (DD/MM/YYYY):			Home Telephone:		
Home Address (P.O. Boxes are not accepted):					
City:		State/Region:		ZIP/Postal Code:	
ID Type: <input type="checkbox"/> Driver License		<input type="checkbox"/> Passport		<input type="checkbox"/> National ID Card	
				ID Number:	
U.S. Resident? <input type="checkbox"/> YES <input type="checkbox"/> NO If NO, what country? _____					
Please select your highest level of education		<input type="checkbox"/> Primary		<input type="checkbox"/> Secondary	
				<input type="checkbox"/> Tertiary	
				<input type="checkbox"/> Post-Tertiary	

Skip this section if you are applying for an Individual Account

### 3. PERSONAL INFORMATION (CO-APPLICANT, OR ADDITIONAL CORPORATE REPRESENTATIVE) - Required

First Name:		Middle Name:		Last Name:	
Date of Birth (DD/MM/YYYY):			Home Telephone:		
Home Address (P.O. Boxes are not accepted):					
City:		State/Region:		ZIP/Postal Code:	
ID Type: <input type="checkbox"/> Driver License <input type="checkbox"/> Passport <input type="checkbox"/> National ID Card				ID Number:	
U.S. Resident? <input type="checkbox"/> YES <input type="checkbox"/> NO If NO, what country? _____					
Please select your highest level of education		<input type="checkbox"/> Primary		<input type="checkbox"/> Secondary	
				<input type="checkbox"/> Tertiary	
				<input type="checkbox"/> Post-Tertiary	

### 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"/> Other	<input type="checkbox"/> Unemployed	

If you select **Employed**, please provide **Employer and Position**.

If you select **Self Employed**, please provide **Type of business**.

If you select **Retired, Unemployed, Other**, please provide **Source of funds**.

Employer's Name:		
Nature of Business:	Position:	Source of Funds:

Are you currently, or have you ever worked for a brokerage firm, bank, or financial institution? ☐ YES ☐ NO

Skip this section if you are applying for an Individual 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"/> Other	<input type="checkbox"/> Unemployed	

If you select **Employed**, please provide **Employer and Position**.

If you select **Self Employed**, please provide **Type of business**.

If you select **Retired, Unemployed, Other**, please provide **Source of funds**.

Employer's Name:		
Nature of Business:	Position:	Source of Funds:

☐
☐

### 6. FINANCIAL INFORMATION - Required

Estimated Annual Income (in EUR):	Net Worth (in EUR) (estimated total value of all your assets minus your liabilities):
<p>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 Global-Network in assessing your suitability for trading foreign currencies. Completing the information will not have the effect of limiting your potential losses to the amount indicated.</p>	
Have you ever declared bankruptcy? <input type="checkbox"/> YES <input type="checkbox"/> NO	Bankruptcy Details

### 7. PREVIOUS TRADING & INVESTMENT EXPERIENCE - Required

Please select one:	<input type="checkbox"/> I managed my own account <input type="checkbox"/> Someone else managed my account <input type="checkbox"/> I managed the accounts of others			
Foreign Exchange (Check one):	<input type="checkbox"/> None	<input type="checkbox"/> 0-6 Months	<input type="checkbox"/> 6 mo-2 yrs.	<input type="checkbox"/> 2 yrs. and above
Stocks/Equities & Stock Options (Check one):	<input type="checkbox"/> None	<input type="checkbox"/> 0-6 Months	<input type="checkbox"/> 6 mo-2 yrs.	<input type="checkbox"/> 2 yrs. and above
Bonds (Check one):	<input type="checkbox"/> None	<input type="checkbox"/> 0-6 Months	<input type="checkbox"/> 6 mo-2 yrs.	<input type="checkbox"/> 2 yrs. and above
Commodities & Futures and Future Options (Check one):	<input type="checkbox"/> None	<input type="checkbox"/> 0-6 Months	<input type="checkbox"/> 6 mo-2 yrs.	<input type="checkbox"/> 2 yrs. and above
Options (Check one):	<input type="checkbox"/> None	<input type="checkbox"/> 0-6 Months	<input type="checkbox"/> 6 mo-2 yrs.	<input type="checkbox"/> 2 yrs. and above
Select the volume in which you traded the following instruments:				
Foreign Exchange:	<input type="checkbox"/> \$0 - \$50,000	<input type="checkbox"/> \$50,001 - \$100,000	<input type="checkbox"/> \$100,001 - \$500,000	<input type="checkbox"/> \$500,001 and over
Stocks/Equities & Stock Options:	<input type="checkbox"/> \$0 - \$50,000	<input type="checkbox"/> \$50,001 - \$100,000	<input type="checkbox"/> \$100,001 - \$500,000	<input type="checkbox"/> \$500,001 and over
Commodities & Futures and Future Options:	<input type="checkbox"/> \$0 - \$50,000	<input type="checkbox"/> \$50,001 - \$100,000	<input type="checkbox"/> \$100,001 - \$500,000	<input type="checkbox"/> \$500,001 and over

Bonds:	<input type="checkbox"/> \$0 - \$50,000	<input type="checkbox"/> \$50,001 - \$100,000	<input type="checkbox"/> \$100,001 - \$500,000	<input type="checkbox"/> \$500,001 and over
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## 7. PREVIOUS TRADING & INVESTMENT EXPERIENCE - Required

Select the frequency in which you traded:

Foreign Exchange:	<input type="checkbox"/> weekly	<input type="checkbox"/> monthly	<input type="checkbox"/> quarterly	<input type="checkbox"/> semi-annually	<input type="checkbox"/> annually	<input type="checkbox"/> none
Stocks/Equities & Stock Options:	<input type="checkbox"/> weekly	<input type="checkbox"/> monthly	<input type="checkbox"/> quarterly	<input type="checkbox"/> semi-annually	<input type="checkbox"/> annually	<input type="checkbox"/> none
Commodities & Futures and Future Options:	<input type="checkbox"/> weekly	<input type="checkbox"/> monthly	<input type="checkbox"/> quarterly	<input type="checkbox"/> semi-annually	<input type="checkbox"/> annually	<input type="checkbox"/> none
Bonds:	<input type="checkbox"/> weekly	<input type="checkbox"/> monthly	<input type="checkbox"/> quarterly	<input type="checkbox"/> semi-annually	<input type="checkbox"/> annually	<input type="checkbox"/> none

## 8. MISCELLANEOUS ACCOUNT INFORMATION - Required

Will any person or entity other than the applicants of this account have control over or manage the trading account?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes" please list the name(s) and relationship(s):	
Will any person or entity other than the account holder, and joint account holder, have a financial interest in the account?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes" please list the name(s) and relationship(s):	
Has there been, or is there currently, pending litigation between you and ANY brokerage firm, exchange, state or federal agency, Forex firm, securities firm or registered representative of any of the preceding?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a Politically Exposed Person or related to a Politically Exposed Person or close associate to a Politically Exposed Person?	<input type="checkbox"/> Yes <input type="checkbox"/> No

## 9. SIGNATURES - Required

### CUSTOMER ACCOUNT APPLICATION ACCEPTANCE

By checking "I AGREE" you acknowledge that you have read and filled out this Customer Account Application and that you certify, represent and warrant that the information provided is correct and complete.

☐ I Agree

### NON-SOLICITATION ACCEPTANCE

By checking "I AGREE" you acknowledge that, the funds to be deposited in my account are my property and have not been solicited from a third party.

☐ I Agree

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

\_\_\_\_\_  
Account Holder Signature

\_\_\_\_\_  
Print Client Name

\_\_\_\_\_  
Date (DD/MM/YYYY)

\_\_\_\_\_  
Joint Account Holder Signature (If Applicable)

\_\_\_\_\_  
Print Client Name

\_\_\_\_\_  
Date (DD/MM/YYYY)

Please sign and scan a copy to [glob.network@yandex.com](mailto:glob.network@yandex.com)