

Business Account Application

Please complete ALL sections of this form.

Any sections which do not apply to you should be marked with "N/A" to indicate that the relevant question has been considered by you. Leaving sections blank may cause delays in your account application process.ADS Securities LLC ("ADSS") will assess whether it is appropriate for us to provide Services to you, based on the information provided on this Application Form. For this reason, it is essential that you immediately inform ADSS in writing of any changes in the information which you have provided.

ADSS requires the following documentation in addition to a completed Application Form:

Your application must be accompanied by legible certified (true) copies of ALL documentation from Section A. Please refer to Sections B and C for proof of identity and proof of residential address documentation accepted.

SECTION A (Provide ALL of the following)

- Certificate of Incorporation, Formation or Organization
- Articles of Association, Formation, Organization or Incorporation
- Share Certificate or Official Document outlining the complete ownership structure identifying the beneficial owners with 5% or more ownership in the company
- Proof of identity and residential address for all controlling officers
- Proof of identity and residential address for all beneficial owners with 5% or more ownership in the company
- Proof of registration with a government regulatory agency (if applicable)
- Trade License (if applicable)
- Certified Board Resolution see page 5 of this application

If you are an entity which is regulated by a government agency which maintains this information publically, you do not need to submit the requested documentation.

SECTION B (Provide ONE of the following)

- Passport
 - MUST be within validity period
- Government Issued ID
 - MUST be accompanied by an attestation that you do not hold a valid passport
 - MUST be within validity period not more than 10 years from date of issue
 - MUST show legal name, date of birth, nationality & registered ID number

SECTION C (Provide ONE of the following)

- Utility Bill
 - MUST state your current residential address as listed on the application form
 - MUST have been issued within the last 3 calendar months
- Bank Statement
 - MUST state your current residential address as listed on the application form
 - MUST have been issued within the last 3 calendar months
 - MUST be issued from the financial institution * an online PDF is acceptable; online screen shots are not acceptable
- Lease / Tenancy Agreement
 - MUST state your current residential address as listed on the application form
 - MUST be within the lease term



Certifying Your Documents

For the copies of your documents to be considered certified, they must be signed by ONE of the following:

- An ADS Securities employee can certify your documents upon seeing the ORIGINALS A designated bank official
- A registered lawyer
- A registered notary A designated postal official A chartered accountant A designated police official
- A government ministry An embassy or consulate

Account Type (Choose One): MT4 ADSS Trader Introduced By (for Introduced Accounts Only) Managed By (for Managed Accounts Only) If your account will be a managed account, please contact your money manager to obtain a copy of a Limited Power of Attorney which you need to complete and sign and provide to ADSS. ENTITY INFORMATION Registered Business Name Residential Address: Building Name/Number/Floor Suite/Apt # City State/Province Country 2IP/Postal Code Mailing Address (If different from above): P.O. Box Country Country Registration Number Does the entity have a place of business in the United States Primary Email (for delivery of electronic statements):			
Introduced By (for Introduced Accounts Only) Managed By (for Managed Accounts Only) If your account will be a managed account, please contact your money manager to obtain a copy of a Limited Power of Attorney which you need to complete and sign and provide to ADSS. ENTITY INFORMATION Registered Business Name Residential Address: Building Name/Number/Floor Suite/Apt # City Zip/Postal Code Mailing Address (if different from above): P.O. Box Country Country Registration, Organization, Incorporation Regulatory Agency Registration Number	ACCOUNT INFORMATION		
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Residential Address: Building Name/Number/Floor Suite/Apt # City State/Province Country ZIP/Postal Code Mailing Address (If different from above): P.O. Box Country Country Regulatory Agency Registration Number Does the entity have a place of business in the United States	Attorney which you need to complete and sign and provide	to ADSS.	
Residential Address: Building Name/Number/Floor Suite/Apt # City State/Province Country ZIP/Postal Code Mailing Address (If different from above): P.O. Box Country Country Regulatory Agency Registration Number Does the entity have a place of business in the United States			
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Regulatory Agency Registration Number Does the entity have a place of business in the United States	F.O. BOX	Country	
Regulatory Agency Registration Number Does the entity have a place of business in the United States			
Does the entity have a place of business in the United States	Country of Formation, Organization, Incorporation		
Does the entity have a place of business in the United States			
	Regulatory Agency	Registration Number	
Primary Email (for delivery of electronic statements):	Does the entity have a place of business in the United States	1	
Primary Email (for delivery of electronic statements):			
	Primary Email (for delivery of electronic statements):		



AUTHORIZED SIGNER/PRIMARY CONTACT PERSON			
Legal First Name	Middle Name		Legal Last Name (Surname)
Country of Residence		Country of Citizenship	
Date of Birth (MM/DD/YYYY)		Telephone #	
Primary Email		<u> </u>	
Title			Percentage of ownership
ALITHODIZED CICNED (CECONDADY CON	ITACT DEDCOM (IF AD	DLICADI E	
AUTHORIZED SIGNER/SECONDARY CON Legal First Name	Middle Name	PLICABLE	Legal Last Name (Surname)
Country of Residence	1	Country of Citizenship	
Date of Birth (MM/DD/YYYY)		Telephone #	
Primary Email		,	
Title			Percentage of ownership



BENEFICIAL OWNERS AND CONTROLLING OFFICERS					
Legal First Name	Middle Name		Legal Last Name (Surname)		
Country of Residence	,	Country of Citizenship			
Date of Birth (MM/DD/YYYY)		Telephone#			
Primary Email					
Title			Percentage of ownership		
Legal First Name	Middle Name		Legal Last Name (Surname)		
Country of Residence		Country of Citizenship			
Date of Birth (MM/DD/YYYY)		Telephone #			
Primary Email					
Title			Percentage of ownership		
Legal First Name	Middle Name		Legal Last Name (Surname)		
Country of Residence		Country of Citizenship			
Date of Birth (MM/DD/YYYY)		Telephone#			
Primary Email					
Title			Percentage of ownership		



BANK INFORMATION

Note that in accordance with ADSS's policies, ADSS can only send and receive funds from two bank accounts. Whichever accounts you list below are the only two accounts which ADSS can send and receive funds from throughout your relationship with ADSS, unless you were to close one or both of the accounts, then proof of account closure would be required to amend your bank account details.

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ORIGIN OF FUNDS - ACCOUNT 1				
Acco	ountholder's Name:			
Bank	k Name:			
Bank	< Address			
Acco	ount or IBAN Number	Swift Code/ABA (Routing Number)		
ORIO	GIN OF FUNDS - ACCOUNT 2			
Acco	ountholder's Name:			
Bank	k Name:			
Bank	< Address			
Acco	ount or IBAN Number	Swift Code/ABA (Routing Number)		
FINA	ANCIAL & CUSTOMERINFORMATION			
1.	What is your estimated annual income?			
1.	Under \$25,000 \$25,000-\$49	,999 \$50,000-\$99,999		
	\$100,000-\$249,999 \$250,000-\$1	,000,000 Over \$1,000,000		
2. What is your Net Worth (assets minus liabilities)?				
	Under \$25,000 \$25,000-\$49			
	\$100,000-\$249,999 \$250,000-\$1	,000,000		
3.	What is the origin of wealth?			
4.	Initial Deposit: \$			
5.	Has the business or any of its principals, beneficial owners, or regulatory authority?	r controlling persons ever been licensed or authorized with any		
	NO YES, If YES, indicate which regulator and pr			
6.	6. Is the business or any of its principals, beneficial owners, or controlling persons required to be registered with any other regulatory agency?			
	NO YES, If YES, indicate which regulator:			



TRADING INFORMATION				
Have you had experience trading the follows:	owing instruments: (please	check all which apply)		
Exchange Traded Derivatives	OTC Derivatives	Securities		
2. If yes, please check one of the below:				
Less than 1 year	1-5 years	5 or more ye	ars	
REFERRAL How did you hear about ADSS Securities?				
☐ Magazine ☐ Online Ad ☐ Newspaper ☐ Seminar	Friend Search En	For Oth	um ner:	
YOU SHOULD NOT SIGN THE APPLICATION FOR THE ADSS SERVICES.	RM IF YOU ARE UNSURE AS	TO THE NATURE OF TH	HE RISKS INVOLVED IN T	RADING USING
MARGINED TRANSACTIONS CARRY A HIGH LE INVESTMENT.BEFORESUBMITTINGTHISAPPLICATED THE INFORMATION NOTICE, RISK DISCLO	ATIONFORM, FOR YOUR	OWN BENEFIT AND P	ROTECTION YOU SHOU	
WE HIGHLY RECOMMEND THAT YOU DOWNLO THE TERMS OF BUSINESS AND REVIEW THEM. UPDATES TO THOSE DOCUMENTS.				
IF THERE IS ANYTHING IN THE DOCUMENTS RE OUR PRIME SERVICES TEAM FOR MORE INFO SUPPORT TEAM AT PRIMESUPPORT@ADS-SECT	RMATION BY CALLING +97			
CUSTOMER ACKNOWLEDGEMENT				
I/WEHEREBYREPRESENTTHAT, ANDBYSIGNIN APPLICATIONS IS TRUE AND ACCURATE. I/W ANY MATERIAL CHANGES TO THIS APPLICAT ACCURACY OF INFORMATION PROVIDED, APPLICATION AS IT DEEMS NECESSARY.	/E FURTHER REPRESENT TION IN WRITING. ADSS	THAT I/WE WILL NOT RESERVES THE RIGHT,	IFY ADS SECURITIES LL BUT HAS NO DUTY, 1	.C ("ADSS") OF FO VERIFY THE
Acknowledged By:				
OFFICER 1 SIGNATURE	OFFICER 1 NAME,	TITLE	DATE	
OFFICER 2 SIGNATURE	OFFICER 2 NAME,	TITLE	DATE	
OFFICER 3 SIGNATURE	OFFICER 3 NAME,	TITLE	DATE	
OFFICER 4 SIGNATURE	OFFICER 4 NAME,	TITLE	DATE	



CERTIFIED BOARD RESOLUTION				
		the undersigned Company Secretary, of		
	("C	ompany") hereby certify that a meeting of the Board of		
Directors of said Company was held on		and the following resolutions were		
luly passed by the Board of Directors.				
t was resolved as follows:				
		C ("ADSS") for the purposes of trading foreign exchange, fered by ADSS from time to time ("Instruments").		
		es appear below ("Authorised Signatories"), shall be and are conjunction with the Company's account(s) held with ADSS:		
	nection with the opening and o issions to be paid to ADSS or thi			
	nade into and withdrawals to be			
d) To receive requests and dem				
		tions, requests, demands and confirmations of every kind;		
g) To authorise and appoint tra				
h) To settle, compromise, adju		the Company with respect to any and all claims, disputes		
and complaints relating to the Account;i) To perform all terms and provisions of any and all agreements executed with ADSS and to take any action relating to any of the foregoing matters.				
3. That the Authorised Signatories for the Account be:				
Name	Title	Signature Specimen		
That these resolutions be commun	icated to ADSS and shall rema	in in force and that ADSS shall be entitled to rely on the		

4. That these resolutions be communicated to ADSS and shall remain in force and that ADSS shall be entitled to rely on the same until an amending resolution shall be passed and a copy certified by an officer of the Company shall have been received by the Company.

I further certify that the Company has the power under its governing instruments and applicable law to take any action authorised herein and contemplated by the foregoing resolutions.

nerent and contemplated by the foregoing re	5014101131	
ACKNOWLEDGED BY:		
COMPANY SECRETARY SIGNATURE	COMPANY SECRETARY NAME	DATE