

## Individual 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 ONE (1) legible certified (true) copy of identification document from Section A. Your application must also be accompanied by ONE (1) legible proof of residential address document from Section B, for each account applicant.

#### SECTION A (Provide ONE (1) 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 B (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 registered lawyer
- A registered notary
- A chartered accountant
- A government ministry
- A designated bank employee
- A designated postal official
- A designated police official
- An embassy or consulate



**ACCOUNT INFORMATION**

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.

**GENERAL INFORMATION**

Legal Name: \_\_\_\_\_

Registered Address: \_\_\_\_\_

Building Name/Number/Floor: \_\_\_\_\_ Suite/Apt#: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

P.O. Box: \_\_\_\_\_ Country: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_ Nationality: \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_ Telephone #: \_\_\_\_\_

Preferred Language: \_\_\_\_\_

Email: (for delivery of electronic statements): \_\_\_\_\_

**EMPLOYMENT INFORMATION**

Employed  Self Employed  Retired  Unemployed

Name of Current Employer: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Occupation: \_\_\_\_\_ Years with Current Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_ Suite/Apt#: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Telephone #: \_\_\_\_\_

**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.

**ORIGIN OF FUNDS - ACCOUNT 1**

Accountholder's Name: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Bank Address: \_\_\_\_\_

Account or IBAN Number: \_\_\_\_\_

Swift Code/ABA (Routing Number): \_\_\_\_\_

**ORIGIN OF FUNDS - ACCOUNT 2**

Accountholder's Name: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Bank Address: \_\_\_\_\_

Account or IBAN Number: \_\_\_\_\_

Swift Code/ABA (Routing Number): \_\_\_\_\_



### FINANCIAL & CUSTOMER INFORMATION

1. What is the entity's estimated annual income?

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Under \$25,000      | <input type="checkbox"/> \$25,000-\$49,999     | <input type="checkbox"/> \$50,000-\$99,999 |
| <input type="checkbox"/> \$100,000-\$249,999 | <input type="checkbox"/> \$250,000-\$1,000,000 | <input type="checkbox"/> Over \$1,000,000  |

2. What is the entity's Net Worth (assets minus liabilities)?

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Under \$25,000      | <input type="checkbox"/> \$25,000-\$49,999     | <input type="checkbox"/> \$50,000-\$99,999 |
| <input type="checkbox"/> \$100,000-\$249,999 | <input type="checkbox"/> \$250,000-\$1,000,000 | <input type="checkbox"/> Over \$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 controlling persons ever been licensed or authorized with any regulatory authority?  Yes  No

If yes, indicate which regulator and provide the ID number:

6. Is the business or any of its principals, beneficial owners, or controlling persons required to be registered with any other regulatory agency?  Yes  No

If yes, indicate which regulator:

### TRADING INFORMATION

1. Have you had experience trading the following instruments: (please check all which apply)

- |  |  |                                     |
|--|--|-------------------------------------|
| <input type="checkbox"/> Exchange Traded Derivatives | <input type="checkbox"/> OTC Derivatives | <input type="checkbox"/> Securities |
|--|--|-------------------------------------|

2. If yes, please check one of the below:

- |   |                                    |  |
|---|------------------------------------|--|
| <input type="checkbox"/> Less than 1 year | <input type="checkbox"/> 1-5 years | <input type="checkbox"/> 5 or more years |
|---|------------------------------------|--|

### REFERRAL

How did you hear about ADSS Securities?

- |                                    |                                    |  |   |
|------------------------------------|------------------------------------|--|---|
| <input type="checkbox"/> Magazine  | <input type="checkbox"/> Online Ad | <input type="checkbox"/> Friend        | <input type="checkbox"/> Forum                      |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Seminar   | <input type="checkbox"/> Search Engine | <input type="checkbox"/> Other <input type="text"/> |

YOU SHOULD NOT SIGN THE APPLICATION FORM IF YOU ARE UNSURE AS TO THE NATURE OF THE RISKS INVOLVED IN TRADING USING THE ADSS SERVICES.

MARGINED TRANSACTIONS CARRY A HIGH LEVEL OF RISK TO YOUR CAPITAL. IT IS POSSIBLE TO LOSE MORE THAN YOUR INITIAL INVESTMENT. BEFORE SUBMITTING THIS APPLICATION FORM, FOR YOUR OWN BENEFIT AND PROTECTION YOU SHOULD CAREFULLY READ THE INFORMATION NOTICE, RISK DISCLOSURES, THE ORDER EXECUTION POLICY AND THE TERMS OF BUSINESS.

WE HIGHLY RECOMMEND THAT YOU DOWNLOAD OR PRINT A COPY OF THE RISK DISCLOSURES, THE ORDER EXECUTION POLICY AND THE TERMS OF BUSINESS AND REVIEW THEM. WE FURTHER RECOMMEND THAT YOU REGULARLY REFER TO OUR WEBSITE FOR ANY UPDATES TO THOSE DOCUMENTS.

IF THERE IS ANYTHING IN THE DOCUMENTS REFERRED TO ABOVE THAT YOU DO NOT UNDERSTAND, PLEASE CONTACT A MEMBER OF OUR PRIME SERVICES TEAM FOR MORE INFORMATION BY CALLING +971 2 652 9777. ALTERNATIVELY YOU CAN EMAIL OUR PRIME SUPPORT TEAM AT PRIMESUPPORT@ADS-SECURITIES.COMM



**CUSTOMER ACKNOWLEDGEMENT**

I HEREBY REPRESENT THAT, AND BY SIGNING BELOW, THE INFORMATION PROVIDED BY ME ON THIS INDIVIDUAL ACCOUNT APPLICATION IS TRUE AND ACCURATE. I FURTHER REPRESENT THAT I WILL NOTIFY ADS SECURITIES LLC ("ADSS") OF ANY MATERIAL CHANGES TO THIS APPLICATION IN WRITING. ADSS RESERVES THE RIGHT, BUT HAS NO DUTY, TO VERIFY THE ACCURACY OF INFORMATION PROVIDED, AND TO CONTACT ANY BANKS, AGENCIES OR OTHERS REFERENCED ON THIS APPLICATION AS IT DEEMS NECESSARY.

**ACKNOWLEDGED BY:**

[Redacted]

ACCOUNT HOLDER NAME

ACCOUNT HOLDER SIGNATURE

[Redacted]

DATE