



APPLICATION TO OPEN A CORPORATE ACCOUNT

Board Resolution *

I (Name): _____

Director of: _____ (the "Company")

Following a Board meeting of Directors of the Company held on

Date: _____

Certify that:

1. Each of the applicant's directors has reviewed and considered the risks associated with the financial products offered;
2. The board approves the transactions contemplated by completion of this Account Application and agrees to be governed by the associated legal documents;
3. This Application Form has been properly executed by the applicant;
4. The board authorises one or more directors to sign any document in connection with the operation of the Account and to give any oral or written instruction in relation to the Account including, but not limited to, instructions to enter into transactions on behalf of the applicant.
5. There is no legal or other reason why the Company should not conduct business in the financial products offered.

Company Information

Name of Company*: _____

Registered Address*: _____

_____ Postcode*: _____

Date of Incorporation*: _____

Country of Incorporation*: _____

ACN or international equivalent*: _____

ABN: _____



Identification of Sole Director/Director 1

We will verify a Director's identity before trading can occur on the account. To do this we will use a combination of electronic identification methods and documents where necessary.

Full Name*: _____

Residential Address*: _____

_____ Postcode*: _____

Date of Birth*: _____

Driving Licence: _____

Email address*: _____

Contact Phone number*: _____

Identification of Director 2

Full Name: _____

Residential Address: _____

_____ Postcode: _____

Date of Birth: _____

Driving Licence: _____

Email address: _____

Contact Phone number: _____



Identification of Shareholder

We are required to verify all individuals who hold a significant interest in the Corporation. We do this by verifying shareholders who hold more than 25% ownership of the Corporation. Please list the particulars of all shareholders who hold more than a 25% stake and who are not already listed as Directors.

Full Name: _____

Residential Address: _____

_____ Postcode: _____

Date of Birth: _____

Driving Licence: _____

Email address: _____

Contact Phone number: _____

Identification of Shareholder

Full Name: _____

Residential Address: _____

_____ Postcode: _____

Date of Birth: _____

Driving Licence: _____

Email address: _____

Contact Phone number: _____

If there are more than two shareholders who hold a stake of more than 25% and have not already been listed as a Director please reprint this page and fill in the additional information.



Financial Details of Sole Trader/Director 1

Approximate Annual Income*: _____

Approximate Value of Investments*: _____

Source of Funds (Salary or Savings or both):* _____

Trading Platform

Enter your desired username*: _____

How did you hear about us?*: _____

Supporting Documentation

The following supporting documentation is required to accompany a completed Application Form in order for an Account to be processed:

- A copy of a recent bank statement (within the last 90 days)
- A copy of Incorporation Certificate or Business Registration Certificate
- A signed and witnessed Corporate Guarantee and Indemnity declaration (as below)
- Director's identities will be verified electronically where possible but may require further documentation

Director as guarantor

Full Name of guarantor*: _____

All fields marked with an asterisk () are required

Declarations *

Please mark with a cross to acknowledge each declaration.

I understand the agreement I am entering into with TD 365. I confirm that I have read, understood and agree with the Client Agreement, the Financial Services Guide, and the Product Disclosure Statement.

I understand the nature and risks associated with trading CFDs. I confirm that I have read, understood and agree with the Risk Warning.

I acknowledge that it is an offence under the Anti-Money Laundering/Counter-Terrorism Financing Act 2006 to provide a false or misleading statement or document, to receive an account in a false name or to fail to disclose any other name I am known by.

I understand I am consenting to TD 365 using my name, address and date of birth to verify my identity electronically with a credit reporting agency, and obtaining an assessment of whether this matches information on my credit information file.

I consent that TD 365 may pay referring third parties compensation for introducing me as a client, based on my trading volume. The fee is taken out of the commission or spread charged by TD 365 and does not impact my trading costs.

I confirm that I am aged 18 years or over and that the information provided by me in this form is complete and correct.

Signature (Sole Director/Director1)_____Date: _____

Signature (Director2)_____Date: _____



Once completed, please scan and email your completed documents to:

Support@TradeDirect365.com.au

Any further questions free-call support on: 1800 886 514

Please ensure you have also attached the following:

- A copy of the Trust Deed



- A copy of a recent Trust bank statement (within the last 90 days)



- A signed and witnessed Corporate Guarantee and Indemnity declaration

