



**BROKERAGE ACCOUNT APPLICATION FORM**  
**CORPORATE**

**INTERNAL USE ONLY**

ACCT#: \_\_\_\_\_

**GENERAL ACCOUNT INFORMATION:**

**Company's Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**Postal Address:** \_\_\_\_\_ **City/Island:** \_\_\_\_\_

**Type of Company:**  IBC  Domestic **Bahamian Company:**  Yes  No

**Telephone #1:** \_\_\_\_\_ **Telephone #2:** \_\_\_\_\_

**Fax #:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Date of Incorporation:** MM DD YY **Nature of Business:** \_\_\_\_\_

Are any of the signatories a control person in a publicly traded corporation?  
(A person who can exercise power or has a controlling interest in a company?)  Yes  No

**If YES, please specify the corporation:** \_\_\_\_\_

**ADDITIONAL INFORMATION:**

<b>Initial Transaction:</b>	<input type="checkbox"/> Buy <input type="checkbox"/> Sell <input type="checkbox"/> Deposit <input type="checkbox"/> Other* * Explain: _____
<b>Estimated Value of Portfolio:</b>	<input type="checkbox"/> Less than \$50,000 <input type="checkbox"/> \$51,000–\$250,000 <input type="checkbox"/> \$250,000–\$500,000 <input type="checkbox"/> \$500,000+
<b>Source of Funds Deposited:</b>	<input type="checkbox"/> Salary <input type="checkbox"/> Gift <input type="checkbox"/> Accumulated Savings <input type="checkbox"/> Inheritance <input type="checkbox"/> Other* * Explain: _____
<b>Expected Level of Account Activity:</b>	<input type="checkbox"/> 1-25 Transactions per yr <input type="checkbox"/> 25-50 Transactions per yr <input type="checkbox"/> 50+ Transactions per yr
<b>Mail to be:</b>	<input type="checkbox"/> Sent to Business Address <input type="checkbox"/> Sent via Email <input type="checkbox"/> Retained by FG Capital Markets Ltd.

**ACCOUNT IDENTIFICATION:**

Please provide us with a password, a question and an answer. This will be your identification as the account holder and allow us to execute transactions on your behalf. (Please note that this password should not be given to anyone at any time.)

**Password:** \_\_\_\_\_

**Question:** \_\_\_\_\_

**Answer:** \_\_\_\_\_

**DIRECTORS:**

Name	Address	Occupation
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

**OFFICERS:**

Name	Address	Occupation
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

**SHAREHOLDERS:**

Name	Address	Occupation
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

**BENEFICIAL OWNERS: (If other than persons noted above)**

1. _____
2. _____
3. _____
4. _____
5. _____

**SIGNATURES** *(This allows any person below to give instructions without restrictions)*

1. **Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_  
 Individually  Jointly
2. **Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_  
 Individually  Jointly
3. **Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_  
 Individually  Jointly
4. **Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_  
 Individually  Jointly
5. **Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_  
 Individually  Jointly
6. **Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_  
 Individually  Jointly
7. **Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_  
 Individually  Jointly
8. **Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_  
 Individually  Jointly

**REQUIRED ACCOUNT OPENING DOCUMENTATION**

- Application Form
- Photocopy of valid passport per signatory, officer, director, and beneficial owner — First 4 pages
- Photocopy of voters card or utility bill showing current address per signatory, officer, director, and beneficial owner
- Corporate Mandate
- Certified copies of memorandum and articles of association
- Certified copies of certificate of incorporation
- Certified copies of latest annual return (extract from commercial register) and secretary's certification of officers and directors
- Certificate of good standing

**FOR OFFICIAL USE ONLY**

**Approved by:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Acct #:** \_\_\_\_\_ **Cust. ID Verified:**  Yes  No



**FG CAPITAL MARKETS**  
BROKERAGE & ADVISORY SERVICES

**ACCOUNT INSTRUCTION AGREEMENT**

We the undersigned agree to provide instructions as an authorized signatory to FG Capital Markets Limited via telephone, fax, e-mail or any other method deemed appropriate by FG Capital Markets Limited, without instructions being duly confirmed in writing. Therefore, this signed document allows FG Capital Markets Limited to process transactions sent via any of the above mentioned mediums without liability in any form to FG Capital Markets Limited or its employees.

We the undersigned confirm that the above information is true and that all transactions via the above mentioned mediums are authorized to be processed by FG Capital Markets Limited on our behalf. We agree and acknowledge receipt of the terms and agreements of the brokerage account and fees governing this said account.

**SIGNATURES**

**CORPORATE SEAL**

\_\_\_\_\_  
President or Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Secretary

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date





**FG CAPITAL MARKETS**  
BROKERAGE & ADVISORY SERVICES

**WAIVER AGREEMENT**

With reference to the confidentiality of affairs of a client, FG Capital Markets Limited is subject to The Bank and Trust Companies Regulations Act, The Money Laundering (Proceeds of Crime) Act and the Securities Industry Act of 1999.

If and to the extent that FG Capital Markets Limited shall consider that non-disclosure of information would result in the assets, operations or personnel of FG Capital Markets Limited becoming liable to seizure, interference or prejudice, FG Capital Markets Limited reserves the right to make disclosure to any court or government authority.

This Agreement shall survive any commercial relationship between the parties.

We consent to the foregoing and we understand that our consent is irrevocable and without prejudice to any other consent expressed or implied.

**SIGNATURES**

\_\_\_\_\_  
President or Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Secretary

\_\_\_\_\_  
Date



**FG CAPITAL MARKETS**  
BROKERAGE & ADVISORY SERVICES

**CORPORATE MANDATE**

**RESOLUTION**

**Company Name (the "Company"):** \_\_\_\_\_

**Registered Office:** \_\_\_\_\_

As at meeting of the Board of Directors of the Company held on the \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

**IT WAS RESOLVED** that FG Capital Markets Limited be and is appointed as brokers to the Company and that a brokerage account be opened with FG Capital Markets Limited and it is hereby authorized and instructed:

1. to honour and comply with all cheques and other instructions for payment (inclusive of all promissory notes and bills of exchange accepted or made on behalf of the company and payable to FG Capital Markets Limited) notwithstanding that such payment may cause any account of the Company to be overdrawn or may increase any existing overdraft or loan, but without prejudice to the right of FG Capital Markets Limited to refuse to allow any overdraft or any increase of overdraft or loan beyond any specified limited from time to time; and
2. to honour and to comply with all instructions to deliver or dispose of any securities or documents or property or monies held by FG Capital Markets Limited on the Company's behalf; and
3. to act on all instructions, cheques, drafts, bills of exchange, promissory notes, acceptances, authorizations, negotiable instruments and others as being endorsed or signed on behalf of the Company and to discount or otherwise to deal with them, provided that all such instructions, cheques, drafts, bills of exchange, promissory notes, acceptances, authorizations, negotiable instruments and other orders are signed on behalf of the Company **by and two** of the following persons:

**SIGNATURES**

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

THAT these Resolution be communicated to FG Capital Markets Limited to constitute the Company's Mandate to FG Capital Markets Limited to remain in force until revoked by notice in writing to FG Capital Markets Limited signed by the President or any Director and the Secretary or Assistant Secretary acting or purporting to act on behalf of the Company and for this purpose any instruction varying or purporting to vary the Mandate contained in these Resolution shall be deemed a revocation.

We certify that the above Resolution were duly passed in accordance with the Memorandum and Articles of Association of the Company and that the information and signatures provided are correct.

**AUTHORIZED SIGNATORIES**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**VERIFICATION OF IDENTITY FORM**  
**CORPORATE**

**INTERNAL USE ONLY**

ACCT.#: \_\_\_\_\_

**Account Number(s):** \_\_\_\_\_

**Purpose of Contract:**  Brokerage & Advisory Services  Other: \_\_\_\_\_

**Company Name:** \_\_\_\_\_ **Date of Incorporation:** MM DD YY

**Street Address:** \_\_\_\_\_ **P.O. Box:** \_\_\_\_\_ **City/Island:** \_\_\_\_\_

**PRINCIPLE/AUTHORIZED PERSON (1):**

**Name:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Permanent Address:** \_\_\_\_\_ **P.O. Box:** \_\_\_\_\_ **City/Island:** \_\_\_\_\_

**Telephone #1:** (Home) \_\_\_\_\_ **Telephone #2:** (Work) \_\_\_\_\_

**Fax #:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Identification Provided:** *(please indicate and attach photocopies)*

**Passport #:** \_\_\_\_\_  **Voter's Card #:** \_\_\_\_\_

**Photo Driver's License #:** \_\_\_\_\_  **NIB #:** \_\_\_\_\_

**PRINCIPLE/AUTHORIZED PERSON (2):**

**Name:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Permanent Address:** \_\_\_\_\_ **P.O. Box:** \_\_\_\_\_ **City/Island:** \_\_\_\_\_

**Telephone #1:** (Home) \_\_\_\_\_ **Telephone #2:** (Work) \_\_\_\_\_

**Fax #:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Identification Provided:** *(please indicate and attach photocopies)*

**Passport #:** \_\_\_\_\_  **Voter's Card #:** \_\_\_\_\_

**Photo Driver's License #:** \_\_\_\_\_  **NIB #:** \_\_\_\_\_

**SOURCE OF FUNDS:** *(Verification required, supporting documents required)*

**Deduction from Employee Salary**  **Company Contributions**  **Other** *(describe):* \_\_\_\_\_

**Expected Dollar Value of Annual Transactions with the Company:**  \$1,000–\$20,000  \$20,001–\$100,000  \$100,000+

The undersigned declares to the best of his/her knowledge and belief that the above statements are complete and true. The undersigned grants FG Capital Markets Limited the authority to obtain independent verification of any information provided herein. The undersigned confirms that all credits to this plan are and will be beneficially owned by the company and or the pensioners. The undersigned confirms that he/she has produced valid verification of identity as prescribed by the Financial Transactions Reporting Act, 2000.

**Signature (1):** \_\_\_\_\_ **Witness:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature (2):** \_\_\_\_\_ **Witness:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FG Capital Markets Officer's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_