



INGOT BROKER LIMITED

Corporate Account





Company Details (To be completed by corporate applicants acting in their own capacity)

Company Name:	<input type="text"/>		
Company Type:	<input type="text"/>		
ABN/ACN/Company No.:	<input type="text"/>	Country of Registration:	<input type="text"/>
Main Contact:	<input type="text"/>		
Position:	<input type="text"/>		
Registered Address:	<input type="text"/>		
Country/State/Postcode:	<input type="text"/>		

Contact Details:

Business Phone:	<input type="text"/>
Email:	<input type="text"/>

Please note: different email must be used if you are an existing client.

DIRECTORS

Please provide details for ALL company directors

Full Name:	<input type="text"/>		
Gender:	<input type="radio"/> Male	<input type="radio"/> Female	
Date of Birth:	<input type="text"/>	Citizenship:	<input type="text"/>
Passport, ID card or Licence:	<input type="text"/>	Mobile Phone:	<input type="text"/>
Other Phone:	<input type="text"/>	Email:	<input type="text"/>
Residential Address:	<input type="text"/>		





Full Name:

Gender: Male Female

Date of Birth: Citizenship:

Passport, ID card or Licence: Mobile Phone:

Other Phone: Email:

Residential Address:
City, State, Postcode:

Full Name:

Gender: Male Female

Date of Birth: Citizenship:

Passport, ID card or Licence: Mobile Phone:

Other Phone: Email:

Residential Address:
City, State, Postcode:

Full Name:

Gender: Male Female

Date of Birth: Citizenship:

Passport, ID card or Licence: Mobile Phone:

Other Phone: Email:

Residential Address:
City, State, Postcode:





BENEFICIAL OWNER DETAILS

Beneficial Owner Details

Shareholder Full Name:

Residential Address:

City, State, Postcode:

Percentage Shareholding:

Shareholder Full Name:

Residential Address:

City, State, Postcode:

Percentage Shareholding:

Shareholder Full Name:

Residential Address:

City, State, Postcode:

Percentage Shareholding:





Shareholder Full Name:

Residential Address:

City, State, Postcode:

Percentage Shareholding:

BENEFICIAL OWNER DETAILS

Beneficial Owner Details

Shareholder Full Name:

Residential Address:

City, State, Postcode:

Percentage Shareholding:

Shareholder Full Name:

Residential Address:

City, State, Postcode:

Percentage Shareholding:





Shareholder Full Name:

Residential Address:

City, State, Postcode:

Percentage Shareholding:

Shareholder Full Name:

Residential Address:

City, State, Postcode:

Percentage Shareholding:

FINANCIAL DECLARATION

Bank Name:

Swift / BSB Code:

Bank Address:

Account Name:

Account Number:

IBAN:

Total Estimated Income:

- Under 25,000
 25,000 – 49,000
 50,000 – 99,000

Risk Tolerance:

- Conservative
 Average
 Aggressive

REFERAL





How did you hear about INGOT Brokers?

Web Search Online Ad Friend referral Print Ad Other

Introducing Broker Name:..... Number:.....

*Select the Platform you prefer

Platform

MT4 MT5

*Select the Spread Features you prefer

Spread Features

ECN Professional Prime





Compensation Acknowledgement

NOTICE: The purpose of this document is for you, the clients, to advise INGOT Broker Limited as to the compensation you have agreed to pay your designated Introducing Broker, if any. Please be advised that INGOT Broker Limited is not responsible for calculating incentive fees or management fees and will assume the calculations provided to it by the Introducing Broker to be correct. Please also note that if your IB has requested INGOT Broker Limited to mark up the spread (widen the spread on the prices) being streamed to you, that INGOT Broker Limited does not participate in the additional pip(s) being added to the pricing and that the mark-up will not be reflected on your trading statement as a separate line item.

We, the undersigned clients, hereby agree to, authorize and acknowledge that the said fee(s) will be charged to our account and paid to the Introducing Broker.

Declaration

We, ALL the directors, confirm by signing or submitting electronically the Application, that we have had access to, reviewed and understand the full set of INGOT Brokers Limited legal documents including this Client Agreement, PDS and FSG. We understand the risks of electronic Foreign Exchange margin trading and the terms we deal with INGOT Broker Limited and ourselves. We declare the above information in this Client Agreement is true and correct. We declare that we have read and understood the Compensation Acknowledgement.

- Have ALL Directors read and understood the PDS?
- Have ALL Directors read and understood the FSG?
- Do ALL Directors understand the nature and risks of margined products?

Full Printed Name:

Signature:

Date:

Full Printed Name:

Signature:

Date:





Full Printed Name:
Date:

Signature:

Full Printed Name:
Date:

Signature:

Identity Requirements

The identity requirements are as follows:

ID for Company

Certificate of Incorporation
AND
Current Company Statement (Showing names of ALL Directors)
OR
Company Extract (Showing names of ALL Directors)

ID For EACH Director

Proof of ID*:
• Governmental Issued Photo ID such as: Passport or Driver's License
AND Proof of Address**:
• Utility Bill, Bank Statement or a Notice from a Gov. Tax Office
* must not have expired
** less than 3 months old

