



## APPLICATION FORM FOR SSAS CLIENTS

Before completing this application form, please ensure that you have obtained and read the information regarding the products and services provided by Saxo Capital Markets UK Ltd ("SCML") and all relevant terms and policies made available, and updated from time to time, on our website [www.saxomarkets.co.uk](http://www.saxomarkets.co.uk).

Once completed this form should be sent to Saxo Capital Markets UK Ltd ("SCML") at the following address:  
Saxo Capital Markets UK Ltd, 40 Bank Street, Canary Wharf, London E14 5DA

Alternatively please email a scanned copy of the completed application to [privatesalesuk@saxomarkets.com](mailto:privatesalesuk@saxomarkets.com) or fax the completed application to +44 (0) 2071512001

PLEASE COMPLETE THE FORM IN BLOCK LETTERS AND BLACK OR BLUE INK. ALL ITEMS MARKED WITH \* MUST BE PROVIDED.

Your account will be contracted to SCML. The provider of the services is SCML and any resulting contract is between you and SCML.

Saxo Capital Markets UK Ltd, 40 Bank Street, Canary Wharf, London E14 5DA, United Kingdom  
Company registered in England & Wales No.: 7413871  
Authorised and regulated by the Financial Conduct Authority



# APPLICATION FORM FOR SSAS CLIENTS

## INSTRUCTIONS FOR COMPLETION

This is an application form to open an account with Saxo Capital Markets UK Limited ("SCML") to trade on the SCML trading platform(s) using funds held within a SSAS (Small Self-Administered Scheme). The SSAS Trustee(s) must complete and sign the relevant parts of this form.

Where the SSAS Trustee(s) has appointed an Investment Advisor or Introducing Broker ("**Investment Advisor**"), the SSAS Trustee may grant Power of Attorney to the Investment Advisor in accordance with SCML's standard Power of Attorney form.

Before completing this application form, please make sure you have read and understood all information regarding the products and services offered by SCML and all relevant terms including the General Business Terms (including the Products Risk Disclosure), the Addendum to General Business terms for SSAS Trustees, the Conflict of Interest Policy, the Order Execution Policy and the General Privacy Policy. This information is made available, and updated from time to time, on our website [www.saxomarkets.co.uk](http://www.saxomarkets.co.uk)

Please complete all information as accurately as possible in block letters with a black or blue pen. To comply with money laundering regulations, the SSAS Trustee(s) is required to submit the following documentation along with the completed form. SCML also reserves the right to request further documentation at any time during the approval process.

## SSAS TRUSTEE – DUE DILIGENCE DOCUMENTATION REQUIREMENTS

A copy of your valid and signed passport (machine readable) and proof of residency, e.g. a bank statement or utility bill containing your physical address (e.g. gas, water, electricity, land line phone, oil, internet, cable TV connections) issued in your name within the previous 3 months.

### Legal Entity Identifier (LEI)

In accordance with the European Markets Infrastructure Regulation (EMIR) all corporate entities operating within the EEA entering into derivative transactions are required to have a valid LEI code in order to comply with the EMIR reporting obligations.

Please note that if the scheme has a **Corporate Trustee**, the **Corporate Trustee** will be required to provide a valid LEI code as they will be the counterparty to any trading entered into on behalf of the scheme. In addition to a **Corporate Trustee**, where the SSAS Scheme is established by a **Trust Deed**, and which represents a number of beneficiaries or members, the **Trust** will be required to provide its own valid LEI code.

In the event that either the **Corporate Trustee** and / or the **Trust** do not provide a valid LEI code any trading account opened will not be permitted to enter into derivative transactions.

### Issuers of LEI Codes

LEI codes are issued by EU endorsed Local Operating Units (LOUs). A list of endorsed LOUs is available at: [www.lei.org/publications/gls/lou\\_20131003\\_2.pdf](http://www.lei.org/publications/gls/lou_20131003_2.pdf)

Once completed and signed by the SSAS Trustee, please send the application by regular mail together with the required documentation to: **Saxo Capital Markets UK Limited, 26th Floor, 40 Bank Street, Canary Wharf, London E14 5DA**

For **faster processing** please return the completed form with the above mentioned documentation directly to SCML by scanning the form together with the documentation and emailing to [uksupport@saxomarkets.com](mailto:uksupport@saxomarkets.com)

If you have any questions related to the completion of this form, please contact us on +44 (0) 207 151 2000

# APPLICATION FORM FOR SSAS CLIENTS

IN ORDER FOR THE APPLICATION TO BE PROCESSED PROMPTLY, PLEASE COMPLETE ALL APPLICABLE SECTIONS

## Part 1 | Scheme Name

Scheme Name:

Email:

Address:

Phone no:

HMRC ref:

SSAS Plan ref:

Postcode:

Legal Entity Identifier Code (Refer page 2)

## Part 2 | Scheme Bank Account Details

Bank Name:

Account name:

Bank Address:

Account no.:

Sort code:

Postcode:

## Part 3 | Employer Details

Company Name:

Company registration no.:

Address:

FCA firm no. (if applicable):

Postcode:

## Part 4 | Permitted Investments

Please indicate which of the following investment types the SSAS Trustee is permitted to trade under the terms of the Trust Deed:

FX

CFDs

Futures

Shares/ETFs/ETCs/Bonds

Options

# APPLICATION FORM FOR SSAS CLIENTS

PLEASE SUPPLY DETAILS BELOW OF ALL TRUSTEES

(if there is not enough space on this form for all Trustees, please provide information in an additional sheet)

## Part 5 | Professional Trustee Details (if applicable)

Company Name:	Phone:
Flat no./building name:	Email:
House name/no. & street:	Company registration no.:
Town/City:	FCA firm no. (if applicable):
County: Postcode:	Legal Entity Identifier Code (refer page 2)

IF PROFESSIONAL TRUSTEE IS AN INDIVIDUAL, PLEASE COMPLETE BELOW:

Full Name (as shown on passport/ID):	National Insurance no.:
Date of Birth: / /	Passport no. / Identification no.:
City and Country of Birth:	Nationality:
Current residential address:	Gender Male <input type="checkbox"/> Female <input type="checkbox"/>
Flat no./building name:	
House name/no. & street:	
Town/City:	
County: Postcode:	
Country:	

IF YOU HAVE BEEN AT YOUR CURRENT ADDRESS FOR LESS THAN 3 YEARS, PLEASE ALSO PROVIDE YOUR PREVIOUS ADDRESS

Previous residential address:
Flat no./building name:
House name/no. & street:
Town/City:
County: Postcode:
Country:
Primary telephone no.: (including country & area code)
Secondary telephone no.: (including country & area code)
Email address:

# APPLICATION FORM FOR SSAS CLIENTS

## Trading Knowledge and Experience (Professional Trustee)

Online trading experience

How long have you continuously traded financial products on an execution only basis?

Less than 1 year       1 to 5 years       More than 5 years

Which financial products have you traded in the past 12 months?

Instrument	< 5 trades	6- 20 trades	21-50 trades	> 50 trades
FX Spot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FX Forward	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CFDs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Options and Futures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shares/ETFs/ETCs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gilts and Bonds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Working experience and Qualifications

Do you hold any educational or professional qualifications relevant to the type of trading you (or your Investment Advisor) intend to carry on with us?

YES       NO       If YES, please specify : \_\_\_\_\_

Do you work, or have you worked, in the financial sector for at least one year in a professional position which requires knowledge of the nature of, and risk involved in, the type of trading that you (or your Investment Advisor) intend to carry out with us?

YES       NO

## Financial Information (Professional Trustee)

Monthly Income after tax: \_\_\_\_\_

Monthly outgoings (Living expenses, mortgage & other payments): \_\_\_\_\_

Estimated value of all Savings & Investments (i.e. excluding any property ownership value): \_\_\_\_\_

## Employment History (Professional Trustee)

Current Relevant Occupation

Employed       Self-employed       Not in employment       Retired

If employed:

Employer's name \_\_\_\_\_

Nature of business \_\_\_\_\_

Position held \_\_\_\_\_

If self-employed:

Nature of business \_\_\_\_\_

# APPLICATION FORM FOR SSAS CLIENTS

## FIRST TRUSTEE: Part 6 | Trustee Details

Full Name (as shown on passport/ID):

Date of birth: DD / MM / YYYY

City and Country of Birth:

Current residential address:

Flat no./building name:

House name/no. & street:

Town/City:

County:

Postcode:

Country:

National Insurance no.:

Passport no. / Identification no.:

Nationality:

Gender Male  Female

IF YOU HAVE BEEN AT YOUR CURRENT ADDRESS FOR LESS THAN 3 YEARS, PLEASE ALSO PROVIDE YOUR PREVIOUS ADDRESS

Previous residential address:

Flat no./building name:

House name/no. & street:

Town/City:

County:

Postcode:

Country:

Primary telephone no.: (including country & area code)

Secondary telephone no.: (including country & area code)

Email address:

# APPLICATION FORM FOR SSAS CLIENTS

## Trading Knowledge and Experience (First Trustee)

Online trading experience

How long have you continuously traded financial products on an execution only basis?

Less than 1 year       1 to 5 years       More than 5 years

Which financial products have you traded in the past 12 months?

Instrument	< 5 trades	6- 20 trades	21-50 trades	> 50 trades
FX Spot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FX Forward	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CFDs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Options and Futures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shares/ETFs/ETCs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gilts and Bonds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Working experience and Qualifications

Do you hold any educational or professional qualifications relevant to the type of trading you (or your Investment Advisor) intend to carry on with us?

YES       NO       If YES, please specify : \_\_\_\_\_

Do you work, or have you worked, in the financial sector for at least one year in a professional position which requires knowledge of the nature of, and risk involved in, the type of trading that you (or your Investment Advisor) intend to carry out with us?

YES       NO

## Financial Information (First Trustee)

Monthly Income after tax: \_\_\_\_\_

Monthly outgoings (Living expenses, mortgage & other payments): \_\_\_\_\_

Estimated value of all Savings & Investments (i.e. excluding any property ownership value): \_\_\_\_\_

## Employment History (First Trustee)

Current Relevant Occupation

Employed       Self-employed       Not in employment       Retired

If employed:

Employer's name \_\_\_\_\_

Nature of business \_\_\_\_\_

Position held \_\_\_\_\_

If self-employed:

Nature of business \_\_\_\_\_

# APPLICATION FORM FOR SSAS CLIENTS

## SECOND TRUSTEE: Part 7 | Trustee Details

Full Name (as shown on passport/ID):

Date of birth: DD / MM / YYYY

City and Country of Birth:

Current residential address:

Flat no./building name:

House name/no. & street:

Town/City:

County:

Postcode:

Country:

National Insurance no.:

Passport no. / Identification no.:

Nationality:

Gender Male  Female

IF YOU HAVE BEEN AT YOUR CURRENT ADDRESS FOR LESS THAN 3 YEARS, PLEASE ALSO PROVIDE YOUR PREVIOUS ADDRESS

Previous residential address:

Flat no./building name:

House name/no. & street:

Town/City:

County:

Postcode:

Country:

Primary telephone no.: (including country & area code)

Secondary telephone no.: (including country & area code)

Email address:



# APPLICATION FORM FOR SSAS CLIENTS

## Trading Knowledge and Experience (Second Trustee)

Online trading experience

How long have you continuously traded financial products on an execution only basis?

Less than 1 year       1 to 5 years       More than 5 years

Which financial products have you traded in the past 12 months?

Instrument	< 5 trades	6- 20 trades	21-50 trades	> 50 trades
FX Spot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FX Forward	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CFDs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Options and Futures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shares/ETFs/ETCs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gilts and Bonds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Working experience and Qualifications

Do you hold any educational or professional qualifications relevant to the type of trading you (or your Investment Advisor) intend to carry on with us?

YES       NO       If YES, please specify : \_\_\_\_\_

Do you work, or have you worked, in the financial sector for at least one year in a professional position which requires knowledge of the nature of, and risk involved in, the type of trading that you (or your Investment Advisor) intend to carry out with us?

YES       NO

## Financial Information (Second Trustee)

Monthly Income after tax: \_\_\_\_\_

Monthly outgoings (Living expenses, mortgage & other payments): \_\_\_\_\_

Estimated value of all Savings & Investments (i.e. excluding any property ownership value): \_\_\_\_\_

## Employment History (Second Trustee)

Current Relevant Occupation

Employed       Self-employed       Not in employment       Retired

If employed:

Employer's name \_\_\_\_\_

Nature of business \_\_\_\_\_

Position held \_\_\_\_\_

If self-employed:

Nature of business \_\_\_\_\_

# APPLICATION FORM FOR SSAS CLIENTS

## THIRD TRUSTEE: Part 8 | Trustee Details

Full Name (as shown on passport/ID):

Date of birth: DD / MM / YYYY

City and Country of Birth:

Current residential address:

Flat no./building name:

House name/no. & street:

Town/City:

County:

Postcode:

Country:

National Insurance no.:

Passport no. / Identification no.:

Nationality:

Gender Male  Female

IF YOU HAVE BEEN AT YOUR CURRENT ADDRESS FOR LESS THAN 3 YEARS, PLEASE ALSO PROVIDE YOUR PREVIOUS ADDRESS

Previous residential address:

Flat no./building name:

House name/no. & street:

Town/City:

County:

Postcode:

Country:

Primary telephone no.: (including country & area code)

Secondary telephone no.: (including country & area code)

Email address:

# APPLICATION FORM FOR SSAS CLIENTS

## Trading Knowledge and Experience (Third Trustee)

Online trading experience

How long have you continuously traded financial products on an execution only basis?

Less than 1 year       1 to 5 years       More than 5 years

Which financial products have you traded in the past 12 months?

Instrument	< 5 trades	6- 20 trades	21-50 trades	> 50 trades
FX Spot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FX Forward	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CFDs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Options and Futures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shares/ETFs/ETCs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gilts and Bonds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Working experience and Qualifications

Do you hold any educational or professional qualifications relevant to the type of trading you (or your Investment Advisor) intend to carry on with us?

YES       NO       If YES, please specify : \_\_\_\_\_

Do you work, or have you worked, in the financial sector for at least one year in a professional position which requires knowledge of the nature of, and risk involved in, the type of trading that you (or your Investment Advisor) intend to carry out with us?

YES       NO

## Financial Information (Third Trustee)

Monthly Income after tax: \_\_\_\_\_

Monthly outgoings (Living expenses, mortgage & other payments): \_\_\_\_\_

Estimated value of all Savings & Investments (i.e. excluding any property ownership value): \_\_\_\_\_

## Employment History (Third Trustee)

Current Relevant Occupation

Employed       Self-employed       Not in employment       Retired

If employed:

Employer's name \_\_\_\_\_

Nature of business \_\_\_\_\_

Position held \_\_\_\_\_

If self-employed:

Nature of business \_\_\_\_\_

# APPLICATION FORM FOR SSAS CLIENTS

## Part 9 | Initial Funding and Choice of Account Currency

Expected initial funding amount (minimum deposit 100,000 GBP (or equivalent))

\_\_\_\_\_

Choice of account/reporting currency \*: \_\_\_\_\_

\*If not completed the account currency will default to GBP

## Part 10 | Investment Advisor Details (where the Scheme has appointed such an Advisor)

Name:

\_\_\_\_\_

Address:

\_\_\_\_\_

Email:

\_\_\_\_\_

Telephone:

Company registration no.:

\_\_\_\_\_

FCA Firm No. (if applicable):

\_\_\_\_\_

## Part 11 | Authorised Dealers

The following persons are employees of the above mentioned company and are hereby authorised by the above mentioned company to execute trades on our behalf.

Please note that the User ID will be provided by Saxo Capital Markets.

Please do not complete if you are opening your account through a Money Manager.

Name	User ID	First Time Password (Min 8 characters - MUST contain letters, numbers and a special character. Example saxo1234%)	E-mail address	Phone Number
	Provided by Saxo Capital Markets			
	Provided by Saxo Capital Markets			
	Provided by Saxo Capital Markets			
	Provided by Saxo Capital Markets			
	Provided by Saxo Capital Markets			
	Provided by Saxo Capital Markets			

# APPLICATION FORM FOR SSAS CLIENTS

## Part 12 | SSAS Trustee(s) Signature & Declarations

### Data Protection

To comply with the Money Laundering Regulations, SCML is required to collect information about you and to undertake checks on each applicant's identity and residential address, including accessing and using information held in database or other electronic format through other agencies.

When SCML is required to carry out electronic verification, data may be required to be shared to agencies. SCML shall ensure this data is shared in a protected manner and any data not retained unless required for further verification. SCML may also request further supporting documentation to verify these details. The information may be disclosed to law enforcement agencies and other relevant organisations for crime detection and prevention purposes.

All exchanged data will be done in a secure manor and only required information will be shared. If you have any questions about how we handle your personal information, please email us at [privacy@saxobank.com](mailto:privacy@saxobank.com).

### Marketing Communication

We occasionally would like to contact you to give you information about products and services offered that are similar or related to the product and services provided or previously provided to you as well as news and events.

Please tick here if you would like to be kept informed of all marketing related matters by SCML.

You have the right to unsubscribe and change your preferences at any time for marketing purposes. You can do this by logging on to your account or clicking unsubscribe on any of the marketing emails we send you.

We declare by our signature that:

- We have read and understood the nature of the product(s) that we (or our Investment Advisor) intend to trade in this account;
- We are unaware of any health or other conditions that may affect the proper operation of the joint account;
- We have provided true, accurate and complete information and undertake to update SCML of any changes to the information provided without delay;
- We have obtained from the website [www.saxomarkets.co.uk](http://www.saxomarkets.co.uk), read, understood and agree to the General Business Terms (including the product risks disclosure detailed in Schedule 1 to these General Business Terms and the Addendum to the General Business Terms for SSAS Trustee(s), the Order Execution Policy, the Conflict of Interest Policy and the General Privacy Policy;
- We consent to the Order Execution Policy and for any orders to be executed outside a regulated market or a multilateral trading facility;
- All the trustees and authorised signatories of the Scheme are over 18 years of age;
- We consent to any unexecuted limited orders not to be made public;
- We accept and agree to be bound by the terms provided above and consent to such terms and information including future updates to these being provided to me by way of posting on the website indicated above;
- We acknowledge that we recognise and understand the restrictions placed by SCML on the trading of funds in terms of the products that can be traded and the reduced leverage that can apply to these products. These restrictions may be additional to those imposed by the relevant legislation;
- We have been adequately informed of the legal restrictions which apply to the trading of funds in relation to SSAS.

Furthermore, we confirm:

- That the investment amount has been chosen by us taking our financial circumstances into consideration and is considered reasonable by us under such circumstances.

**Professional Trustee's Name:**

**Signature:**

**Date:**

**First Trustee's Name:**

**Signature:**

**Date:**

**Second Trustee's Name:**

**Signature:**

**Date:**

**Third Trustee's Name:**

**Signature:**

**Date:**