



TRUST APPLICATION FORM

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.uk.saxomarkets.com). Once completed, this form and any supporting documents should be sent to SCML at the business address below or alternatively, please email a scanned copy to 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.

Initial list of documents to be provided with this application form:

- Trust deed;
- If UK trust, the Unique Tax Reference (UTR) notification from HMRC to the trust;
- If trustee is a corporate entity, please provide Memorandum & Articles of Association, Certificate of Incorporation and latest Financial Statements unless the trustee is a regulated trust service provider only in which case a list of authorised signatories and the registration no. at the regulator are required;

Legal Identifier Code (LEI):

In accordance with the European Markets Infrastructure Regulation (EMIR) all corporate entities operating within the EU entering into derivative transactions are required to provide a valid LEI Code in order to meet the EMIR reporting obligations. Please note that if the scheme provider and / or trustee do not have a valid LEI code or a valid LEI code is not provided in this application, any trading account will not be permitted to enter into derivative transactions. 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

It may be necessary for us to request further documentation and information in order to complete the due diligence process.

This form must be signed by all trustees.

To comply with the Foreign Account Tax Compliance Act (FATCA), Saxo Capital Markets UK Limited is required to obtain a US tax certificate (W 8 or W 9 series as appropriate) from all clients. Without the appropriate tax certificate in place we will not be able to provide an account.

For most clients the W 8BEN E form will be appropriate however for an overview of all available forms Saxo Capital Markets UK Limited strongly recommends that you visit the IRS website or consult your external tax advisor.

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



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Part 1 | Trust Details

NAME AS ON PASSPORT

*Trust Name:

*Correspondence address:

*Postcode

*E-mail Address:

*Contact no:

*Country of establishment:

Legal Entity Identifier Code (LEI):

Countries of Residence for Tax Purposes for the Trust:

Indicate the type of trust _____ (e.g. discretionary/bare/testamentary/charitable)

Purpose and objectives of the trust _____

What is the approximate overall value of the Trust's assets? _____

Please indicate all sources of funds for the account:

- Settled funds
- Investment proceeds & income
- Other funds, please detail

*How much do you intend to invest with SCML? : _____

*Please indicate how many trades the Trust has undertaken in each of the following products on an execution-only basis during the last 12 months?

PRODUCTS

NO. OF TRADES

FX Rolling Spot:

Options & Futures:

CFDs:

Financial Spread Bets: Shares:

ETFs & ETCs:

Gilts & Bonds:

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Part 2A | Trustee Details

ALL ITEMS WITH * MUST BE PROVIDED.

*PLEASE LIST ALL TRUSTEES OF THE TRUST (COMPLETE PART 5 FOR EACH CORPORATE TRUSTEE)

Trustee 1

*Title: Mr Mrs Miss Ms Dr

Other (please specify):

*Full Name:

*Occupation:

*Current residential address:

*Postcode:

*Country:

*Contact No:

*Email address:

*Date of birth: / /

*Country of birth:

*Nationality:

Do you hold multiple nationality? If so please list:

*Which countries are you resident in for tax purposes?
(Please list all)

*UK National Insurance No. (if applicable):

*US Tax Identification No. (if applicable):

Tax Identification No. (any non UK/US):

Trustee 2

*Title: Mr Mrs Miss Ms Dr

Other (please specify):

*Full Name:

*Occupation:

*Current residential address:

*Postcode:

*Country:

*Contact No:

*Email address:

*Date of birth: / /

*Country of birth:

*Nationality:

Do you hold multiple nationality? If so please list:

*Which countries are you resident in for tax purposes?
(Please list all)

*UK National Insurance No. (if applicable):

*US Tax Identification No. (if applicable):

Tax Identification No. (any non UK/US):

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Trustee 3

*Title: Mr Mrs Miss Ms Dr

Other (please specify):

*Full Name:

*Occupation:

*Current residential address:

*Postcode:

*Country:

*Contact No:

*Email address:

*Date of birth: / /

*Country of birth:

*Nationality:

Do you hold multiple nationality? If so please list:

*Which countries are you resident in for tax purposes?
(Please list all)

*UK National Insurance No. (if applicable):

*US Tax Identification No. (if applicable):

Tax Identification No. (any non UK/US):

Trustee 4

*Title: Mr Mrs Miss Ms Dr

Other (please specify):

*Full Name:

*Occupation:

*Current residential address:

*Postcode:

*Country:

*Contact No:

*Email address:

*Date of birth: / /

*Country of birth:

*Nationality:

Do you hold multiple nationality? If so please list:

*Which countries are you resident in for tax purposes?
(Please list all)

*UK National Insurance No. (if applicable):

*US Tax Identification No. (if applicable):

Tax Identification No. (any non UK/US):

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Part 2B | Protector Details

ALL ITEMS WITH * MUST BE PROVIDED.

*PLEASE LIST ALL TRUSTEES OF THE TRUST (COMPLETE PART 5 FOR EACH CORPORATE TRUSTEE)

Protector 1

*Title: Mr Mrs Miss Ms Dr

Other (please specify):

*Full Name:

*Occupation:

*Current residential address:

*Postcode:

*Country:

*Contact No:

*Email address:

*Date of birth: / /

*Country of birth:

*Nationality:

Do you hold multiple nationality? If so please list:

*Which countries are you resident in for tax purposes?
(Please list all)

*UK National Insurance No. (if applicable):

*US Tax Identification No. (if applicable):

Tax Identification No. (any non UK/US):

Protector 2

*Title: Mr Mrs Miss Ms Dr

Other (please specify):

*Full Name:

*Occupation:

*Current residential address:

*Postcode:

*Country:

*Contact No:

*Email address:

*Date of birth: / /

*Country of birth:

*Nationality:

Do you hold multiple nationality? If so please list:

*Which countries are you resident in for tax purposes?
(Please list all)

*UK National Insurance No. (if applicable):

*US Tax Identification No. (if applicable):

Tax Identification No. (any non UK/US):

Part 3 | Settlor(s) Details

ALL ITEMS WITH * MUST BE PROVIDED.

*PLEASE LIST ALL TRUSTEES OF THE TRUST (COMPLETE PART 5 FOR EACH CORPORATE TRUSTEE)

Settlor 1

*Title: Mr Mrs Miss Ms Dr

Other (please specify):

*Full Name:

*Occupation:

*Current residential address:

*Postcode:

*Country:

*Contact No:

*Email address:

*Date of birth: / /

*Country of birth:

*Nationality:

Do you hold multiple nationality? If so please list:

*Which countries are you resident in for tax purposes?
(Please list all)

*UK National Insurance No. (if applicable):

*US Tax Identification No. (if applicable):

Tax Identification No. (any non UK/US):

Settlor 2

*Title: Mr Mrs Miss Ms Dr

Other (please specify):

*Full Name:

*Occupation:

*Current residential address:

*Postcode:

*Country:

*Contact No:

*Email address:

*Date of birth: / /

*Country of birth:

*Nationality:

Do you hold multiple nationality? If so please list:

*Which countries are you resident in for tax purposes?
(Please list all)

*UK National Insurance No. (if applicable):

*US Tax Identification No. (if applicable):

Tax Identification No. (any non UK/US):

Part 4 | Details of Beneficiary Details

ALL ITEMS WITH * MUST BE PROVIDED.

*PLEASE LIST ALL BENEFICIARIES OF THE TRUST CONTINUE ON SEPARATE SHEET IF REQUIRED
(COMPLETE PART 5 FOR EACH CORPORATE BENEFICIARY)

Beneficiary 1

*Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr	*Date of birth: / /
Other (please specify):	*Country of birth:
*Full Name:	*Nationality:
	Do you hold multiple nationality? If so please list:
*Occupation:	*Which countries are you resident in for tax purposes? (Please list all)
*Current residential address:	
*Postcode:	
*Country:	*UK National Insurance No. (if applicable):
*Contact No:	*US Tax Identification No. (if applicable):
*Email address:	Tax Identification No. (any non UK/US):

Beneficiary 2

*Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr	*Date of birth: / /
Other (please specify):	*Country of birth:
*Full Name:	*Nationality:
	Do you hold multiple nationality? If so please list:
*Occupation:	*Which countries are you resident in for tax purposes? (Please list all)
*Current residential address:	
*Postcode:	
*Country:	*UK National Insurance No. (if applicable):
*Contact No:	*US Tax Identification No. (if applicable):
*Email address:	Tax Identification No. (any non UK/US):

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Beneficiary 3

*Title: Mr Mrs Miss Ms Dr

Other (please specify):

*Full Name:

*Occupation:

*Current residential address:

*Postcode:

*Country:

*Contact No:

*Email address:

*Date of birth: / /

*Country of birth:

*Nationality:

Do you hold multiple nationality? If so please list:

*Which countries are you resident in for tax purposes?
(Please list all)

*UK National Insurance No. (if applicable):

*US Tax Identification No. (if applicable):

Tax Identification No. (any non UK/US):

Beneficiary 4

*Title: Mr Mrs Miss Ms Dr

Other (please specify):

*Full Name:

*Occupation:

*Current residential address:

*Postcode:

*Country:

*Contact No:

*Email address:

*Date of birth: / /

*Country of birth:

*Nationality:

Do you hold multiple nationality? If so please list:

*Which countries are you resident in for tax purposes?
(Please list all)

*UK National Insurance No. (if applicable):

*US Tax Identification No. (if applicable):

Tax Identification No. (any non UK/US):

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Part 5 | Corporate Details

*Full Corporate Name: _____

*Country of incorporation: _____

*Registered Office Address: _____

*Nature of business: _____

*Postcode: _____

Website address: _____

*Country: _____

*Contact E-mail address: _____

Business Address: (*if different from registered address) _____

*Contact telephone No.: _____

*Is the company listed on a regulated stock exchange?

No Yes

Postcode: _____

*Legal Entity Identifier Code (LEI): _____

Country: _____

If applicable, please provide US IRS Global Intermediary Identification Number (GIIN) _____

*IF THE COMPANY IS NOT QUOTED ON ANY REGULATED STOCK EXCHANGE, LIST ALL BENEFICIAL OWNERS OR SHAREHOLDERS WITH 25% OR MORE EQUITY/VOTING RIGHTS

Title	Full Name	Address	Date of Birth	Contact Details

*PLEASE LIST ALL DIRECTORS OF THE COMPANY (IF NECESSARY, PROVIDE IN AN ADDITIONAL SHEET)

Title	Full Name	Address	Date of Birth	Contact Details

Is the company a regulated trust service provider or regulated by a financial services regulator, such as the Financial Conduct Authority, or equivalent?

No Yes (name of regulator and license no.: _____)

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ALL ITEMS WITH * MUST BE PROVIDED. Complete as necessary and add sheet(s), if required.

Part 6 | Details of Person(s) Authorised to Operate the Account

*Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr	*Date of birth: / /
Other (Please specify):	*Nationality:
*Full Name:	*Contact Tel. No.:
	*E-mail Address:
*Occupation:	<small>*IF YOU HAVE BEEN AT YOUR CURRENT ADDRESS FOR LESS THAN 3 YEARS, PLEASE ALSO PROVIDE YOUR PREVIOUS ADDRESS</small>
*Current residential address:	*Current residential address:
*Postcode:	*Postcode:
*Country:	*Country:

*Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr	*Date of birth: / /
Other (Please specify):	*Nationality:
*Full Name:	*Contact Tel. No.:
	*E-mail Address:
*Occupation:	<small>*IF YOU HAVE BEEN AT YOUR CURRENT ADDRESS FOR LESS THAN 3 YEARS, PLEASE ALSO PROVIDE YOUR PREVIOUS ADDRESS</small>
*Current residential address:	*Current residential address:
*Postcode:	*Postcode:
*Country:	*Country:

*Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr	*Date of birth: / /
Other (Please specify):	*Nationality:
*Full Name:	*Contact Tel. No.:
	*E-mail Address:
*Occupation:	<small>*IF YOU HAVE BEEN AT YOUR CURRENT ADDRESS FOR LESS THAN 3 YEARS, PLEASE ALSO PROVIDE YOUR PREVIOUS ADDRESS</small>
*Current residential address:	*Current residential address:
*Postcode:	*Postcode:
*Country:	*Country:

Part 7 | Trading Knowledge & Experience of the Main Person Operating the Account

Name:

(Note: Must be a person named in Part 6)

*How long has the person continuously traded financial instruments on an execution only basis whether for the company or otherwise?

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

*Does the person have any industry recognised qualifications for the type of trading that your entity intends to carry out with us?

- Yes
 No

*Does the person work, or has the person worked in the financial sector for at least one year in a professional position which requires knowledge of the nature and risk involved in the type of trading that your entity intends to carry out with us?

- Yes
 No

Part 8 | 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			

Part 9 | Currency of the main account

Please state the currency of the main account: _____

(The default currency will be GBP if this is left blank)

Part 10 | Data Protection

To comply with the Money Laundering Regulations, SCML is required to collect information and to undertake checks on the identity and residential address of the trustees, beneficiaries, settlors, protectors and other authorised persons, including accessing and using information held in database or other electronic format through other agencies.

In carrying out electronic verification other agencies may retain a record of the enquiry and information given to them. 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. SCML will add data of the individuals (including email details) to the database of the Saxo Bank Group which includes entities that are outside EEA. A list of entities within the Group can be found on www.saxobank.com. SCML may exchange or share information with the firm or person who introduced the trust to us (hereafter the "Introducing Broker") for proper performance of the services. SCML may occasionally contact the trustees and other authorised persons of the Trust by email, telephone or post to give information about products and services offered that are similar or related to the products and services provided or previously provided to the Trust.

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Part 11 | Declaration

I/We, jointly and severally, declare that:

- I/We hereby request and authorise Saxo Capital Markets UK Ltd ("SCML") to open an account for the trust;
- I/We have read and understood the nature and the risk of the product(s) that the trust intends to trade in this account;
- I/We have obtained from the website (www.uk.saxomarkets.com) read and understood the following:
 - a) The General Business Terms (including the product risks disclosure detailed in Schedule 1 to these General Business Terms),
 - b) Order Execution Policy,
 - c) Conflict of Interest Policy,
 - d) Commission, Charges & Margin Schedule
- I/We warrant that we have full power and authority to open and operate the account in accordance with the trust deed and any other constitutional documents and without breach of any law, restriction or obligation binding on the trust;
- I/We authorize the person(s) in Part 6 of this application form and any additional person(s) so indicated to give instruction in relation to the account(s)
- I/We have provided true, accurate and complete information and authorise you to make any enquiries which you may consider necessary for confirmation of such information and undertake to update SCML of any changes to the information provided without delay;
- I/We consent to the Order Execution Policy and for any orders to be executed outside a regulated market or a multilateral trading facility;
- I/We consent for any of unexecuted limit orders not to be made public;
- I/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/us by way of posting on the website indicated above; and
- I/We consent and warrant that the beneficiary, settlor, protector and other authorised person of the trust consent to the use of their personal information as described within this form.
- Where I/We have been introduced to SCML by an Introducing Broker, I/We hereby authorise SCML to disclose information about my account(s) with SCML to the Introducing Broker and thus, for instance, send copies of any and all transaction notes, account statements etc... to the Introducing Broker. Furthermore, SCML is allowed to grant the Introducing Broker a viewing access to my account(s) with SCML which entails that the Introducing Broker will have access by separate login to view any and all details of my account(s) with SCML.

*Date: _____

Full Name: _____	Signature: _____	Trustee
Full Name: _____	Signature: _____	Trustee
Full Name: _____	Signature: _____	Trustee
Full Name: _____	Signature: _____	Trustee

Corporate Trustees: (In case of a corporate Trustee each Director must sign)

Signed by: _____	(Name of Director) for and on behalf of _____	(Name of Company)
Signature: _____	Director	
Signed by: _____	(Name of Director) for and on behalf of _____	(Name of Company)
Signature: _____	Director	