

A Partner Details

AX Financials Limited

71-75 Shelton street, Covent Garden London, United Kingdom www.AXFinancials.com

INTRODUCER DETAILS FORM - CORPORATE

Opening a AX Financials introducing partner account is quick and easy. Simply complete and sign the application below, scan and email the form to Clientservices@axfinancials.com and we will get back to you within 24 hours. AX Financials will not disclose or share your personal information with any third parties.

| Full company name: | | | | | | | |
|--|--------------------------|-----------------------|---------|-----|----|--|--|
| Trading Name (if applied | cable): | | | | | | |
| Year Established: | Company Registration No: | | | | | | |
| Website(s): | | | | | | | |
| Social media channel(| s): | | | | | | |
| Telephone number: | | | | | | | |
| Email address: | | | | | | | |
| Residential Address: (street name and numl city, country, postal coo | | | | | | | |
| Postal Address: (if different to the above | e) | | | | | | |
| Principal contact person position within compar | ny: | Introducing Age | ant. | | | | |
| B Previous Exper | | introducing Age | | | | | |
| Have you worked as a | n Introducing Pa | artner with other bro | ker(s)? | Yes | No | | |
| Please specify the bro | ker(s): | | | | | | |
| Reason for cancellatio | n of agreement | (if applicable): | | | | | |
| Experience level: | Beginner | Intermediate | Expert | | | | |
| B Previous Exper | ience as an | Introducing Age | ent | | | | |
| Which countries will yo | ou mainly be tar | geting? | | | | | |

Select the activities that best describe what you will be doing:

You are simply informing your client(s) that Ax Financials is able to provide financial services

You will give general advice and have some influence on a client's trading

You are a training provider teaching people to trade FX

You are providing seminars to people about trading FX



Special requirements:

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You are providing face-to-face coaching or mentoring sessions on FX trading

| Tou are providing lace-to-lace coaching of memori | ing sessio | iis oii i A tiaui | iig | | |
|---|-------------|-------------------|--------------|-------------|----------------------|
| Please provide the firm's current Financial Services Lice | nse(s) or | your Authorise | ed Repres | entative s | tatus and provide |
| license number: | | | | | |
| Are you a listed company on a Stock Exchange? | No | Yes | | | |
| If yes, which Stock Exchange? | | | | | |
| Have you conducted related business under any other na | ame in the | e past? If yes, | please pr | ovide furt | her information: |
| Do your proposed services utilise the expertise of any ot | her orgar | nisation? | No | Yes | |
| e.g. financial planning firm, asset management firm or tra | ader? | | | | |
| If yes, please provide further information: | | | | | |
| Are you targeting Wholesale or Retail customers? | Wholesa | le Retail | | | |
| Have there ever been any criminal, civil, administrative o | r loss of I | inancial Serv | ce Licens | ses proce | edings (including |
| penalties issued by financial service regulators for misco | nduct, ma | arket manipula | ition, insid | der trading | or disqualification) |
| against the firm of any of its directors, key employees, or | represer | tatives? | No | Yes | |
| If yes, please provide further information: | | | | | |
| Are you currently under any investigations by a Government | nent agen | cy or Regulato | or? | No | Yes |
| If yes, please provide further information: | | | | | |
| D Activity Details | | | | | |
| How many active clients do you currently have? | | | | | |
| Initial no. of accounts to be opened in first month: | | | | | |
| Quarterly expected accounts: | | | | | |
| Average account deposit size (\$): | | | | | |
| Expected monthly client trading volumes/style: | | | | | |
| E Client Marketing | | | | | |
| Type of marketing (e.g. networking, forums, blogs): | | | | | |
| Type of client support: (e.g. account opening) | | | | | |
| Expected commissions charged (\$): | | | | | |



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| F Company Structure Details |
|---|
| Please list all the names and backgrounds (including education, professional qualifications and career backgrounds) |
| of the following people: |
| • Directors |
| |
| |
| |
| |
| Shareholders who own more than %25 or more |
| |
| |
| |
| |
| Senior management team |
| |
| |
| |
| |
| Are there any plans pending for ownership/structural changes? No Yes |
| If yes, please provide further information: |
| C Doub Information (accounts must be hold in the name of the introduces) |
| G Bank Information (accounts must be held in the name of the introducer) |
| Bank name: |
| Account name: |
| Account number: |
| Swift Number: |
| IBAN: |
| G Bank Information (accounts must be held in the name of the introducer) |

| By signing this form, | I confirm that the | above information | is true and accura | ate and that no m | naterial inform | mation has |
|-----------------------|--------------------|-------------------|--------------------|-------------------|-----------------|------------|
| been withheld. | | | | | | |
| Signature: | | | | | | |

Print name:

Date: