**Account Opening Application Form (LEGAL ENTITY)**

**Instructions to complete the Application Form**

* Before completing this Application Form, please make sure that you have read and understood all information regarding your Client Account, including the applicable Terms, Agreements and Policies (available at https://wnstrade.com/).
* Please submit this Application form together with all required documentation enlisted in **Appendix A** by emailing them at [support@wnstrade.com](https://wnstrade.com/contact.php#!)
* Please note that we will not be able to accept you as a client unless all the information and documents required have been received by us and are in a satisfactory format and all internal checks are duly satisfied.
* Applicants under 18 years of age will not be accepted.
* For any questions regarding this Application Form or the Agreement you may contact us at [support@wnstrade.com](https://wnstrade.com/contact.php#!)

1. **General information**

|  |  |  |
| --- | --- | --- |
| * + - 1. **Applicant’s Information** | | |
|  | Corporate name |  |
|  | Trade name (if any) |  |
|  | Previous Names (if any) |  |
|  | Registration Number |  |
|  | E-mail *(Only 1 email address is allowed per client)* |  |
|  | Telephone |  |
|  | Website (if applicable) |  |
| * + - 1. **FATCA/CRS Details** | | |
|  | Country of Tax Residence |  |
|  | Tax Identification Number |  |
|  | Do you have a US Taxpayer Identification Number? | Yes (If yes, to provide the relevant W forms)  No |
| * + - 1. **Address Details** | | |
|  | City / Town |  |
|  | Street Number |  |
|  | Registered Address |  |
|  | Postal/Zip code  (Same as the one displayed on your supporting documents) |  |
|  | Correspondence  (business) address  (if different from the above): |  |
| * + - 1. **Others** | | |
|  | Form of incorporation | * Public company * Private company * Other (please specify) ………………………………..……………………………… |
|  | Are you acting as a nominee or on behalf of a third-party? | * Yes *(If yes, please provide the relevant forms (Appendix D))* * No |
|  | Nature of business / business activities: | * Financial Services * Legal Services * Accounting Services * IT * Government Related Activities * Computers and/or Mathematics * Education * Engineering and/or Construction * Other |
|  | If “other” please indicate the Nature of business / business activities |  |
|  | Please indicate the commercial rationale for business relationship |  |

1. ***Information Regarding Directors***

* For each natural person Director please provide us with the following details (in case of more than four Directors please request to be provided with additional forms).
* For Directors who are legal entities please fill in only the ‘Name’, ‘Permanent Address’, ‘Post Code’, ‘City & Country’ ‘Telephone Number’ and ‘E-Mail’ fields.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **1** Full name |  | | | | | |
| Former Names/Aliases |  | | | | | |
| Identity Number/ Passport Number |  | | | | | |
| Nationality |  | | | | | |
| Jurisdiction of Residence |  | | | | | |
| Telephone number: |  | | | E-mail: |  | |
| Permanent address: |  | | | | | |
| Profession: |  | | | | | |
| Tax Identification Number |  | Are you a US citizen for tax purposes? | | | | 🞏 Yes 🞏 No |
| Do you currently hold or have you been entrusted in the past with a prominent public[[1]](#footnote-1) function? | | 🞏 Yes 🞏 No | Refer to Appendix C annexed hereto.  If yes, please specify the functions held, period (including dates) and other relevant details. | | | |
| Are you an immediate family member of a PEP? | | 🞏 Yes 🞏 No |
| Are you a close associate of a PEP? | | 🞏 Yes 🞏 No |
| If yes, please provide details: | | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **2** Full name |  | | | | | |
| Former Names/Aliases |  | | | | | |
| Identity Number/ Passport Number |  | | | | | |
| Nationality |  | | | | | |
| Jurisdiction of Residence |  | | | | | |
| Telephone number: |  | | | E-mail: |  | |
| Permanent address: |  | | | | | |
| Profession: |  | | | | | |
| Tax Identification Number |  | Are you a US citizen for tax purposes? | | | | 🞏 Yes 🞏 No |
| Do you currently hold or have you been entrusted in the past with a prominent public function? | | 🞏 Yes 🞏 No | Refer to Appendix C annexed hereto.  If yes, please specify the functions held, period (including dates) and other relevant details. | | | |
| Are you an immediate family member of a PEP? | | 🞏 Yes 🞏 No |
| Are you a close associate of a PEP? | | 🞏 Yes 🞏 No |
| If yes, please provide details: | | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **3** Full name |  | | | | | |
| Former Names/Aliases |  | | | | | |
| Identity Number/ Passport Number |  | | | | | |
| Nationality |  | | | | | |
| Jurisdiction of Residence |  | | | | | |
| Telephone number: |  | | | E-mail: |  | |
| Permanent address: |  | | | | | |
| Profession: |  | | | | | |
| Tax Identification Number |  | Are you a US citizen for tax purposes? | | | | 🞏 Yes 🞏 No |
| Do you currently hold or have you been entrusted in the past with a prominent public function? | | 🞏 Yes 🞏 No | Refer to Appendix C annexed hereto.  If yes, please specify the functions held, period (including dates) and other relevant details. | | | |
| Are you an immediate family member of a PEP? | | 🞏 Yes 🞏 No |
| Are you a close associate of a PEP? | | 🞏 Yes 🞏 No |
| If yes, please provide details: | | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **4** Full name |  | | | | | |
| Former Names/Aliases |  | | | | | |
| Identity Number/ Passport Number |  | | | | | |
| Nationality |  | | | | | |
| Jurisdiction of Residence |  | | | | | |
| Telephone number: |  | | | E-mail: |  | |
| Permanent address: |  | | | | | |
| Profession: |  | | | | | |
| Tax Identification Number |  | Are you a US citizen for tax purposes? | | | | 🞏 Yes 🞏 No |
| Do you currently hold or have you been entrusted in the past with a prominent public function? | | 🞏 Yes 🞏 No | Refer to Appendix C annexed hereto.  If yes, please specify the functions held, period (including dates) and other relevant details. | | | |
| Are you an immediate family member of a PEP? | | 🞏 Yes 🞏 No |
| Are you a close associate of a PEP? | | 🞏 Yes 🞏 No |
| If yes, please provide details: | | | | | | |

1. ***Information Regarding Ultimate Beneficial Owners***[[2]](#footnote-2)

* For each natural person or/and legal entity who is a registered shareholder or an Ultimate Beneficial Owner please provide us with the following details (in case of more than four (4) registered shareholders/ultimate beneficial owners kindly request to be provided with additional forms).

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **1** Full name |  | | | | | | |
| Former Names/Aliases |  | | | | | | |
| Identity Number/ Passport Number |  | | | | | | |
| Nationality |  | | | | | | |
| Jurisdiction of Residence |  | | | | | | |
| Telephone number: |  | | | | E-mail: |  | |
| Permanent address: |  | | | | | | |
| Profession: |  | | | | | | |
| Tax Identification Number |  | Are you a US citizen for tax purposes? | | | | | 🞏 Yes 🞏 No |
| Do you currently hold or have you been entrusted in the past with a prominent public[[3]](#footnote-3) function? | | 🞏 Yes 🞏 No | | Refer to Appendix C annexed hereto.  If yes, please specify the functions held, period (including dates) and other relevant details. | | | |
| Are you an immediate family member of a PEP? | | 🞏 Yes 🞏 No | |
| Are you a close associate of a PEP? | | 🞏 Yes 🞏 No | |
| If yes, please provide details: | | | | | | | |
| Percentage of total holding (direct and indirect) | | |  | | | | |

1. ***Information regarding Authorised Representative***

* For more than one Representative Person please update additional forms (section D).
* You may use the Sample Board of Director Resolution (Appendix A) and Special Power of Attorney to verify the appointment of the Authorised Representative.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **1** Full name |  | | | | | |
| Former Names/Aliases |  | | | | | |
| Identity Number/ Passport Number |  | | | | | |
| Nationality |  | | | | | |
| Jurisdiction of Residence |  | | | | | |
| Telephone number: |  | | | E-mail: |  | |
| Permanent address: |  | | | | | |
| Profession: |  | | | | | |
| Tax Identification Number |  | Are you a US citizen for tax purposes? | | | | 🞏 Yes 🞏 No |
| Do you currently hold or have you been entrusted in the past with a prominent public[[4]](#footnote-4) function? | | 🞏 Yes 🞏 No | Refer to Appendix C annexed hereto.  If yes, please specify the functions held, period (including dates) and other relevant details. | | | |
| Are you an immediate family member of a PEP? | | 🞏 Yes 🞏 No |
| Are you a close associate of a PEP? | | 🞏 Yes 🞏 No |
| If yes, please provide details: | | | | | | |

1. ***Financial Information of company***

|  |  |  |
| --- | --- | --- |
| Total Assets: |  | |
| Liabilities: |  | |
| Previous Year Profits/Losses: |  | |
| Balance sheet total of at least EUR 20,000,000 | Yes  No | |
| Net turnover of at least EUR 40,000,000 | Yes  No | |
| Own funds of at least EUR 2,000,000 | Yes  No | |
| Source of funds (Please provide details and supporting evidence of source of funds) | Profits  Capital from shareholders  Loan  Others: ……………………………………. | |
| Names of Directors |  | |
| Names of Shareholders and their respective percentage holding |  | % |

1. ***Account Details and Investor Information***

|  |  |
| --- | --- |
| Trading Platform Type | MT5 (Forex, CFDs on Equity Indices, Commodities)  MT4 (Forex, CFDs on Equity Indices, Commodities) |
| Account Type | All In One (Minimum deposit $1000)  Raw Spread (Minimum deposit $5000) |
| Please indicate the amount that you expect to deposit in the next 12 months?  (USD) | 0 – 20,000  20,001 – 50,000  50,001 – 250,000  250,001 – 500,000  500,001 – 1,000,000  More than 1,000,000 |
| Please indicate the Intended Purpose and Nature of Transactions | Speculative  Hedging  Investment  Risk Management  Diversification |

1. ***Trading Knowledge & Experience***

|  |  |
| --- | --- |
| Authorised Trader Name |  |
| Qualities of the authorized trader which would assist him/her in the understanding of our services | * Recent work experience in a financial institution * A relevant professional qualification and / education * Both of the above * None of the above |
| How many times has the Company traded in over- the-counter (OTC) derivatives (i.e. contracts for differences, rolling spot forex) over the past three years? | * More than 25 times * 10 to 25 times * Less than 10 times * Never |
| Does the authorized trader understand that trading on CFDs carries significant risk of loss? | * Yes * No |

1. ***Anti-Money Laundering (AML) Questionnaire***

For our Company, xxxxx to ascertain and ensure that its relationships with the corresponding parties contain the necessary policies, procedures and controls in place in order to safeguard against money laundering activities. Our Company requires your Company to complete this Questionnaire accurately in order for application approval to take place effectively. Moreover, we require that your company informs us without delay of any changes affecting your AML assessment and Customer Identification Program (KYC).

|  |  |  |  |
| --- | --- | --- | --- |
| 1. | Please indicate your intentions for entering in this business relationship with the Company?   1. Corporate Funds (Proprietary Activity)? 2. Shareholders’ Funds? | Yes  Yes | No  No |
| 2. | Is your company supervised or regulated by any national competent authority, Government Agency, or a Self-Regulatory Organisation? If yes, please indicate the following:   1. Regulator’s Name: 1. ……………………………………………………   2. ……………………………………………………   1. Place of Registration: …………………………………………………… 2. Licence/ Regulatory ID Number: …………………………………………………… | Yes | No |
| 3. | Do you have an AML Officer who implements, applies and oversees your company’s AML program, activities and policies?   1. Full Name: ………………………………………………… 2. Title: …………………………………………………………… 3. Email: …………………………………………………………. | Yes | No |
| 4. | Do you have AML policies and procedures which include at a minimum:   1. Internal Policies/ Measures for the prevention of money-laundering and terrorist activity? 2. The identification of the true identity of all customers prior to establishing a business relationship? 3. The identification, verification, and screening of beneficial owners of funds? 4. Do you maintain client account records for the time-period required by your jurisdiction(s)? | Yes  Yes  Yes  Yes | No  No  No  No |
| 5. | Does the Senior Management/ Board of Directors supervise AML program? | Yes | No |
| 6. | Is your KYC (Know your customer)/ CIP (Customer Identification Program) designed on a risk-based approach requiring enhanced due-diligence at the appropriate risk level for countries / territories and special customer groups such as politically exposed persons? | Yes | No |
| 7. | Does your company regularly conduct screenings, either manually or systematically, to identify and block transactions and accounts on behalf of persons or entities identifies as prohibited parties? | Yes | No |
| 8. | Are you able to confirm that you do not maintain branches, subsidiaries, or correspondent accounts in jurisdictions where financial situation secrecy laws prevent the reporting of customer information or suspicious transactional activity to the parent company? | Yes | No |
| 9. | Is the adequacy of your AML policies and procedures audited and documented by qualified individuals who do not have vested interested in the anti-money laundering (AML) program?   1. By Internal Audit (Frequency): ○ at least annually 2. By External Audit (Frequency): ○ at least annually | Yes  Yes | No  No |
| 10. | Do you certify, and will you be certifying on an annual basis, that you have implemented and continuously perform the specified requirements of your Anti-Money Laundering (AML) Program and Customer Identification Program (CIP)? | Yes | No |

1. ***Signature and Consents***

I hereby confirm that I am authorized, in my capacity as …………………… of the company, to complete the AML Questionnaire and I affirm that the above given statements are true and correct. All the exceptions to the questions / assertions above have been separately and fully identified in writing as part of this questionnaire.

I declare that I have carefully read, accept, and fully understood the entire content of the Terms and Conditions, Order Execution Policy, Risk Disclosure, Conflicts of Interest Policy, Privacy Policy, and any other legal documentation.

I have approached the Company on my own exclusive initiative, and I authorize the Company and/or any of the Company’s representatives to contact me by phone or email.

I confirm that the information provided by me in this account opening process is true and correct and that I will notify the Company in writing of any material changes. I further confirm that I do not breach any regulations of the organisation’s country of registration and operation in trading with the Company.

FULL NAME INDIVIDUAL: ............................................... SIGNATURE: ...................................................................

DATE: ...............................................

***APPENDIX A***

**Board Resolution Template**

I certify that the following resolutions were adopted at a meeting of the directors of ........................................................... held on .................................................................... at which a quorum was present at all times and that no action has been taken to rescind or amend any of the resolutions are now in full force and effect.

It was resolved:

1. To establish and maintain an Account(s) with xxxx (“the Company”) in the name of the Company for the purpose of investing in or otherwise acquiring and selling, holding or otherwise dealing in Futures, Options, contracts for differences, spot or forward contracts of any kind in relation to any commodity, metal, financial instrument (including any security), currency, interest rate, index or any combination thereof.
2. To execute, deliver and perform the Company’s Terms in the form thereof and any other agreements or documents to be delivered therewith and to authorise any one of the persons named as authorised personnel of the Company to execute and deliver the above on behalf of the Company.
3. That anyone director of the Company from time to time be authorised and directed to certify to the Company a true copy of these resolutions and if so, required by the Company, to certify to the Company specimen signatures of persons authorised in accordance with the resolution contained in paragraph 2 above.
4. That anyone director of the Company or anyone as per the list of authorized signatories as per attached annexure shall be duly authorized to liaise and instruct the Company with regard to the above.
5. To take all action necessary to give full effect to this resolution.

Signed ...........................................................(Chairman of meeting)

Date ............ /............ /........................

***APPENDIX B***

**Initial List of Documents that would be required**

1. Signed Application Form
2. Certified true copy of Certificate of Incorporation
3. Certified true copy Articles of Association/Memorandum/Constitution
4. Certified true copies of documents confirming the Company’s ownership structure:

* Certificate/Register of Directors,
* Certificate/Register of Shareholders and
* Certificate of Registered Office

\*\*If these certificates are not available, please provide a signed Certificate of Incumbency

*(including number of issued shares, registered address and all directors, list of authorized signatories and shareholders)*

1. Proof of identity for directors and shareholders: Copies of passports or national identity cards.
2. Proof of address for directors and shareholders: copies of the utility bill or bank statement issued not more than 3 months ago.
3. Certificate of good or current standing or official verification on the website of the Registrar of Companies in the jurisdiction where the Company is incorporated.
4. An original Board Resolution of the Company to open an account with the Company printed and signed on company’s letterhead and confirmation of the list of individuals duly authorized to liaise on behalf of the Company.
5. Identification and verification of senior management official (The senior managing official need to be identified when the natural person who ultimately has controlling ownership interest in the company cannot be identified) of the Company: Original or certified true copy of CDD documents on the senior managing official.
6. Evidence of source of funds
7. Latest audited financial statements or equivalent.

We realize that some of the above documents may not exist in some jurisdictions. In those cases, please send the best local equivalent.

***The Company reserves the right to request additional information and documentation, including source of wealth, as part of its onboarding process and prior to accepting the Client.***

***APPENDIX C***

**POLITICALLY EXPOSED PERSON**

As per Section 2 of Financia Intelligence and Anti Money Laundering Regulations 2018,

* “politically exposed person” or “PEP” –

(a) means a foreign PEP, a domestic PEP and an international organisation PEP; and

(b) for the purposes of this definition –

“domestic PEP” means a natural person who is or has been entrusted domestically with prominent public functions in Mauritius and includes the Head of State and of government, senior politicians, senior government, judicial or military officials, senior executives of state owned corporations, important political party officials and such other person or category of persons as may be specified by a supervisory authority or regulatory body after consultation with the National Committee;

“foreign PEPs” means a natural person who is or has been entrusted with prominent public functions by a foreign country, including Heads of State or of government, senior politicians, senior government, judicial or military officials, senior executives of state owned corporations, important political party officials and such other person or category of persons as may be specified by a supervisory authority or regulatory body after consultation with the National Committee;

“international organisation PEP” means a person who is or has been entrusted with a prominent function by an international organisation and includes members of senior management or individuals who have been entrusted with equivalent functions, including directors, deputy directors and members of the board or equivalent functions and such other person or category of persons as may be specified by a supervisory authority or regulatory body after consultation with the National Committee”.

A PEP is an individual who is or has been entrusted with a prominent public function such as:

* heads of state;
* heads of government;
* ministers and deputy or assistance ministers;
* members of parliament;
* influential functionaries in nationalised industries and government administration;
* judges and senior magistrates;
* senior political party functionaries;
* senior and/or influential officials, functionaries and military leaders and people with similar functions in international or super national organisations;
* members of ruling royal families;

The definition of PEP also includes:

* ‘Close associates’, i.e.:

1. individuals who are closely connected to a PEP, either socially or professionally; and
2. includes any other person as may be specified by a supervisory authority or regulatory body after consultation with the National Committee.

* ‘Family members’; i.e.:

1. individuals who are related to a PEP either directly through consanguinity, or through marriage or similar civil forms of partnership: and
2. includes any other person as may be specified by a supervisory authority or regulatory body after consultation with the National Committee.

***APPENDIX D***

If the Company determines that the applicant is acting for a third party, then it must keep a record setting out –

(a) the identity of the third party (and any beneficial owners or associated persons as required);

(b) the proofs of identity required under Regulation 3 of the FIAML Regulations 2018; and

(c) the relationship between the third party and the applicant for business.

***Important Disclosures by the Company:***

***FATCA / CRS***

The Company is bound by international tax rules to collect certain information from all of our clients, including their tax information. The purpose FATCA/CRS related information sought in this form is for the Company to comply with its obligations under the Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard (CRS). In certain circumstances, the Company will be obliged to share your tax information with the tax authorities.

Tax residency is determined by a number of factors, the amount of time you are physically present in a jurisdiction is often the most important factor. The definition of tax residency varies from jurisdiction to jurisdiction. It is possible to be tax resident in more than one jurisdiction at the same time. If you have any questions regarding your tax residency or you are not certain in which jurisdiction you are tax resident, we recommend you speak to your tax or legal advisor. Please indicate all countries in which you are tax resident and your corresponding tax reference numbers.

***Data Protection***

The Company is bound by the prevailing Data Protection Laws in Mauritius and has the legal duty to protect any information we collect from you. Information contained in this documents and annexed forms/evidences are deemed to be privileged information and hence are subject to data security policies that we have put in place. Data will not be shared with any unauthorised third party without the written consent of the Investor, except for Regulators or upon the receipt of a notice/legal instruction from a court of law.

Pursuant to the provisions of the Data Protection Act, you have the right, in relation to the company’s personal data which is in the Company’s custody and/or control of, to:

* + access and/or, request rectification and erasure;
  + object to the processing;
  + withdraw consent at any time, without affecting the lawfulness of processing based on the consent which had been provided prior to withdrawal.

The Company is bound by the Data Protection Act prevalent in Mauritius and by its internal Data Protection Policies including the obligation for record keeping.

***Anti-Money Laundering Legislation***

As per Section17C (6) of the Financial Intelligence and Anti- Money Laundering Act (Mauritius) which reads as follows:

*“Any person who knowingly provides any false or misleading information to a reporting person in connection with CDD requirements under this Act or any guidelines issued under this Act shall commit an offence and shall, on conviction, be liable to a fine not exceeding 500,000 rupees and to imprisonment for a term not exceeding 5 years.”*

1. *Example: includes the Head of State and of government, senior politicians, senior government, judicial or military officials, senior executives of state owned corporations, important political party officials and such other person or category of persons as may be specified* [↑](#footnote-ref-1)
2. *That is, the natural person(s) who ultimately own(s) or* ***has control*** *over a customer or the person(s) on whose behalf a transaction is being conducted. This also includes those natural person(s) who exercise ultimate control over a legal person or arrangement.* [↑](#footnote-ref-2)
3. *Example: includes the Head of State and of government, senior politicians, senior government, judicial or military officials, senior executives of state owned corporations, important political party officials and such other person or category of persons as may be specified* [↑](#footnote-ref-3)
4. *Example: includes the Head of State and of government, senior politicians, senior government, judicial or military officials, senior executives of state owned corporations, important political party officials and such other person or category of persons as may be specified* [↑](#footnote-ref-4)