

Name: _____ Date of birth: _____
Address: _____
Machine readable passport number: _____

Attach additional sheets if necessary to identify additional individuals.

6. For all Entities identified in response to questions 2-4, provide the following information:

Entity Name _____
Address (Physical Location) _____
City _____ County/ Province/State _____
Postal/Zip Code _____ Country _____

Entity Name _____
Address (Physical Location) _____
City _____ County/ Province/State _____
Postal/Zip Code _____ Country _____

Entity Name _____
Address (Physical Location) _____
City _____ County/ Province/State _____
Postal/Zip Code _____ Country _____

Attach additional sheets if necessary to identify additional entities.

Customer represents that all answers to the foregoing questions are true and correct, and agrees to notify Tradefair Financials of any material changes in writing. Tradefair Financials reserves the right, but has no duty, to verify the accuracy of information provided, and to contact such bankers, brokers and others as it deems necessary. The undersigned authorizes Tradefair Financials to obtain information from Experian and other credit reporting agencies to verify the identity of the individuals named in this Questionnaire for anti-money laundering purposes and to avoid fraudulent transactions in the name of the Customer.

AGREED AND AUTHORIZED THIS _____ DAY OF _____, 20_____.

Signature of Authorized Officer, Partner, Manager or
Managing Member

Printed Name and Title of Individual

Residential Address of Individual

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