1/IB APPLICATION

☐ Financial Institution ☐ Private Company ☐ Individual ☐ Others

2/PERSONAL DETAILS OF THE AUTHORISED SIGNATORY

TITLE: ☐ Mr ☐ Miss ☐ Mrs ☐ Ms ☐ Other _____

First Name: _____

Second Name: _____

Family Name: _____

Date of Birth: _____

Nationality: _____   Country of Residence: _____

Passport/ID Nr. _____   Expiration Date _____

Marital Status: _____   Nr of Dependants _____

Will there be more than one authorized signatory for the IB? ☐ Yes ☐ No
Are you related to, or living with, or an employee of ICM Brokers or any of its subsidiary companies? ☐ Yes ☐ No

If Yes, please provide details _____

3/ADDRESS DETAILS

Office Address

Flat / Apartment Nr and Street: _____

Years at Address _____

Mailing (Correspondence) Address:

Flat / Apartment Nr and Street: _____

P.O. Box Nr: _____

City and Country _____

Will there be more than one authorized signatory for the IB? Yes No ☐ Yes ☐ No
Are you related to, or living with, or an employee of ICM Brokers or any of its subsidiary companies? ☐ Yes ☐ No

If Yes, please provide details _____

4/CONTACT DETAILS

Home Telephone: _____   Mobile Telephone: _____

Office Telephone: _____   Email Address: _____

Fax: _____   Website (If Any) _____

Emergency Contact Name and Telephone: _____

5/COMPANY DETAILS

Company Name: _____

Company Address: _____

City and Country: _____

Web Address (URL): _____

Nature of Business: _____

6/LEGAL STATUS

Date and Place of Incorporation: _____

Registered Address: _____

Which regulatory bodies is the IB regulated by? _____

Has the IB itself, or any of its principals ever had an unpaid deficit balance, either for themselves or their customers, at any financial institutions?

☐ Yes ☐ No

Has the IB itself, or any of its principals, ever been under investigation or litigation from a customer or a government authority?

☐ Yes ☐ No

7/COMPANY OPERATIONS

How does the company currently or planning to service clients?

☐ 24 hours customer service desk   ☐ Ticketing System   ☐ Dedicated account managers

☐ Live chat support   ☐ IB will not provide support

What is the expected monthly volume from the introduced clients in the next 3 months?

☐ 0 - 2,000   ☐ 2,000 - 4,000   ☐ 4,000 - 8,000   ☐ 10,000 and above

What products do your clients mostly traded in?

Foreign Exchange and Metals CFDs ☐

Commodity Futures CFDs ☐

Index Futures CFDs ☐

Energy Futures CFDs ☐

Equity CFDs ☐

Which trading systems do your clients mostly use?

Online trading ☐

Platform ☐

Telephone ☐

E-mail ☐

Fax ☐

What marking tools does the IB use to solicit new clients?

☐ International newspapers   ☐ Internet ads   ☐ Business Development Team

☐ International newspapers   ☐ Financial magazines   ☐ Word of mouth

8/BANK DETAILS

ACCOUNT 1

Bank Name: _____ Account Nr: _____

City and Country: _____

Account Type ☐ Checking ☐ Savings ☐ Investments ☐ Other

ACCOUNT 2

Bank Name: _____ Account Nr: _____

City and Country: _____

Account Type ☐ Checking ☐ Savings ☐ Investments ☐ Other

9/REFERRAL DETAILS

HOW DID YOU HEAR OF ICM BROKERS?

☐ Introducing Broker ☐ Search Engine ☐ Seminar ☐ Media Aid ☐ Friend ☐ Other _____

IB Name _____ IB Nr _____

Promotional Code (if any) _____

10/ACKNOWLEDGMENT

IB recognizes that this Application is not a legal agreement but is simply designed by ICM Brokers to evaluate the company. ICM Brokers hereby confirms that all the information contained herein will be kept confidential and will not be shared by any third party. ICM Brokers will not be able to fully approve your application without receipt of your certified legal documents by courier. Process the completed Application may take up to 10 working days

11/REQUIRED LEGAL DOCUMENTS

REQUIRED LEGAL DOCUMENTS:

• Corporate documents (Articles of Association and Memorandum of Association) if any

• Trade License of the company which permits the IB to do business as an Introducing Broker

• ID/Passport copies of all shareholders and/or the authorized signatories

• Proof of Address of the company/individual (not older than 6 months)

12/DISCLAIMER

NAME OF THE AUTHORIZED SIGNATORY

SIGNATURE

DATE

NAME OF SECOND AUTHORIZED SIGNATORY (if any)

SIGNATURE

DATE