



Individual Account Application

Instructions for Completing your Private Scandinavian Sparkasse Application

1 Submitting your application:

- a. Before completing the form below, please make sure you have read and understood all information regarding your online trading account including the Online Trading General Business Terms and the Risk Disclosure Statement provided by Private Scandinavian Sparkasse and Credit Corp., SA.
- b. Please complete all information as accurately as possible.
- c. For a Joint Account, all joint account holders need to complete and sign all parts.
- d. To comply with anti-money laundering regulations, you are required to send in the following documents:
 - i. A Photo ID (A copy of your valid and signed passport or a government issued photo identification)
 - ii. A Proof of Residency (A copy of a bank statement or utility bill issued in your name within the last 6 months)
or
 - iii. A Copy of Credit Card with a signature (*Only those Clients who use Credit Card Deposit are required to provide us A Copy of Credit Card to be used with the signature. However, Clients who use Bank wire to make deposit may choose to provide us either A proof of Address or A Copy of Credit Card*)
- e. For faster processing, please send us the completed form along with the above-mentioned documents by fax to +46.8.501.09266 or email the scanned documents to newaccounts@pssforex.com
- f. You can also send the form together with the documents by regular mail to:

Attn: New Account

Online Trading Department

Private Scandinavian Sparkasse and Credit Corp., SA.

Stureplan 4c,

11435 Stockholm,

Sweden

2 Approval and Activation

If your account application is approved, our helpdesk officer will contact you at your listed email address.

For further queries, please reach us at helpdesk@pssforex.com or call us at + 46.8.599.22.694.



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Fields marked with an asterisk (*) are mandatory.

Account Type

*Please select the trading account you are applying for: Standard Mini Micro

Account Details

*Please select the currency of your account: USD EUR GBP JPY CHF
 AUD NZD CAD HKD RMB

Account Applicant

*Title: (select one) Mr. Mrs. Ms. Other: _____

*Family Name: _____

*Given Name: _____

| *Social Security Number: _____

Contact Information

*Primary Phone Number: _____

| Secondary Phone Number: _____

Home Fax Number: _____

| *Email Address: _____

*Street Address: _____

| *City: _____

*State: _____

| *Zip/Postal Code: _____

*Country: _____

| How long have you lived in this address? _____

Previous Address (if you lived less than 3 years in your current address)

Street Address: _____

| City: _____

State: _____

| Zip/Postal Code: _____

Country: _____

Employment Status

*Employment Status:

Employed

Self-employed

Unemployed

Retired

PRIVATE SCANDINAVIAN SPARKASSE AND CREDIT CORP., SA

STUREPLAN 4C, 11435 STOCKHOLM, SWEDEN

TEL. +46 8 5090 12 02 • FAX. +46 8 501 09 266

WWW.PSSFOREX.COM



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Fields marked with an asterisk (*) are mandatory.

Employment Details (required if currently employed)

Name of Current Employer:	Nature of Business:
Occupation:	Years with Current Employer:
Business Address:	City:
State:	Zip/Postal Code:
Country:	Business Telephone Number:
Business Fax Number:	

Previous Employment Details (if you stayed less than 3 years with your current employer)

Name of Previous Employer:	Nature of Business:
Occupation:	Years with Previous Employer:
Business Address:	City:
State:	Zip/Postal Code:
Country:	Business Telephone Number:
Business Fax Number:	

Relationship with Private Scandinavian Sparkasse

*Do you have an account with Private Scandinavian Sparkasse? Yes No
If yes, please provide us the details of your relationship manager together with your account number:

Financial Information

Questions stated below about your financial status will help us in evaluating your account application with us. All financial information and disclosure will be kept confidential by Private Scandinavian Sparkasse in accordance with the privacy and confidentiality policies that Private Scandinavian Sparkasse stated.

*What is your Annual Income?

- | | |
|--|--|
| <input type="radio"/> Under US\$25,000 | <input type="radio"/> US\$25,000- US\$49,999 |
| <input type="radio"/> US\$50,000- US\$74,999 | <input type="radio"/> US\$75,000- US\$99,999 |
| <input type="radio"/> US\$100,000- US\$124,999 | <input type="radio"/> US\$125,000- US\$149,999 |
| <input type="radio"/> US\$150,000- US\$199,999 | <input type="radio"/> US\$200,000- US\$299,999 |
| <input type="radio"/> US\$300,000- US\$499,999 | <input type="radio"/> US\$500,000 or more |



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Fields marked with an asterisk (*) are mandatory.

*What is your Estimated Net Worth (Assets-Liabilities)?

- | | |
|--|--|
| <input type="radio"/> Under US\$100,000 | <input type="radio"/> US\$100,000- US\$199,999 |
| <input type="radio"/> US\$200,000- US\$299,999 | <input type="radio"/> US\$300,000- US\$499,999 |
| <input type="radio"/> US\$500,000- US\$999,999 | <input type="radio"/> Over US\$1,000,000 |

*What is your Estimated Liquid Net Worth?

- | | |
|--|--|
| <input type="radio"/> Under US\$25,000 | <input type="radio"/> US\$25,000- US\$49,999 |
| <input type="radio"/> US\$50,000- US\$74,999 | <input type="radio"/> US\$75,000- US\$99,999 |
| <input type="radio"/> US\$100,000- US\$124,999 | <input type="radio"/> US\$125,000- US\$149,999 |
| <input type="radio"/> US\$150,000- US\$199,999 | <input type="radio"/> US\$200,000- US\$299,999 |
| <input type="radio"/> US\$300,000- US\$499,999 | <input type="radio"/> US\$500,000 or more |

*Please identify your primary source of wealth (please check all that apply).

- | | |
|---|--|
| <input type="checkbox"/> Compensation | <input type="checkbox"/> Investment returns |
| <input type="checkbox"/> Business Ownership | <input type="checkbox"/> Inheritance/ Trust Fund |
| <input type="checkbox"/> Real Estate | <input type="checkbox"/> Others: _____ |

*Have you ever declared bankruptcy? Yes No
If yes, please provide the date and details: _____

*How much do you intend to fund the account?

Financial Information

*How would you consider yourself? Professional investor
 Experienced investor
 Inexperienced investor

*What kind of trader are you? Risk willing
 Risk neutral
 Risk averse

*What is your trading objectives? To attempt to achieve speculative gains
 To hedge other investments
 To hedge commercial risk



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Fields marked with an asterisk (*) are mandatory.

*Have you experienced trading and/or investing in financial market? Yes No
If yes, please state the details:

Years of Trading: Less than 1 year
 1 year to less than 3 years
 3 years to less than 5 years
 5 years or more

Frequency of Trades: Daily
 Weekly
 Monthly
 Yearly

Products in which you have previously invested:

- | | |
|---|---|
| <input type="checkbox"/> Futures | <input type="checkbox"/> CFDs/ Stocks on margin |
| <input type="checkbox"/> Options | <input type="checkbox"/> Bonds/ Fixed income |
| <input type="checkbox"/> Foreign Exchange | <input type="checkbox"/> Real estate |
| <input type="checkbox"/> Stocks | <input type="checkbox"/> Others: _____ |

Financial Knowledge and Experience:

- *Do you know about the volatility of currency exchange rates? Yes No
- *Do you have any knowledge on the availability of liquidity in currency market? Yes No
- *Do you know the factor/s that influence/s exchange rate? Yes No
- *Do you understand the impact of leverage and its risks in trading margined assets? Yes No
- *Have you experienced using hedging tools such as stop loss and limit orders? Yes No

*What kind of products and services at Private Scandinavian Sparkasse are you interested in?

- | | |
|---|---|
| <input type="checkbox"/> Futures | <input type="checkbox"/> CFDs/ Stocks on margin |
| <input type="checkbox"/> Precious Metals | <input type="checkbox"/> Bonds/Fixed income |
| <input type="checkbox"/> Foreign Exchange | <input type="checkbox"/> Others: _____ |

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Fields marked with an asterisk () are mandatory.*

How did you hear about us?

- Internet
- Print
- Personal Experience
- TV/Radio
- Seminar
- If you were referred by a broker or an advisor, please state the name and details:



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Signatures

On behalf of the company, I declare by my signature:

To have read, understood and agreed to the Online Trading General Business Terms (including the Risk Disclosure Statement) and all of its contents;

To understand and accept that the Online Trading General Business Terms and any other relevant terms and conditions (as amended from time to time) apply to my entire trading relationship with Private Scandinavian Sparkasse and Credit Corp., SA.;

To have received, read and understood the product information material relating to the relevant products;

To have received additional in-depth verbal information about the products and the inherent possibilities and risks, if so requested; and

To have received satisfactory answers to all my questions regarding the terms, conditions and other issues relating to the relevant products.

Furthermore, I confirm:

That the information provided by me and inserted in this form is correct;

That the investment amount has been chosen by me taking the company's total financial circumstances into consideration and is considered by me to be reasonable under such circumstances;

That I acknowledge that Private Scandinavian Sparkasse and Credit Corp., SA. is only able to provide proper advice to the company if I have supplied Private Scandinavian Sparkasse and Credit Corp., SA with correct and adequate information in this Client Application Form or as otherwise requested by Private Scandinavian Sparkasse and Credit Corp., SA.;

That Private Scandinavian Sparkasse and Credit Corp., SA is entitled to send newsletters or other investment material to me by e-mail, sms or similar electronic messaging services, and that [I/we] must inform Private Scandinavian Sparkasse and Credit Corp., SA in writing, if I do not wish to receive such material.

Date

Signature of the Applicant

Is this a Joint Account?

Yes No

If yes, please type the full name of the joint account holder. _____

**FOR A JOINT ACCOUNT, EACH BENEFICIAL OWNER OF THE TRADING ACCOUNT
NEEDS TO COMPLETE A SEPARATE APPLICATION FORM**