



# JOINT APPLICATION FORM



Prior to completing this application form, it is essential that you have read and understood the following terms and conditions that will govern your trading account with ADS Securities LLC ("ADSS"), and which together with this application form, comprise our 'Client Agreement' with you: [Risk Warning Notice](#); [Terms of Business](#); [Privacy Policy](#); [Order Execution Policy](#); [Conflicts of Interest Policy](#); [Schedule of Charges](#)

ADSS will use the information you provide in this application form to assess the level of appropriateness of the services and products we provide to you. Please ensure that all information you provide is accurate, and if any future circumstances occur that may alter this information, you are required to notify us in writing.

You should not proceed with this account application if you are unsure as to the nature of the risks involved in trading using the services provided by ADSS. Trading using leverage carries a high level of risk to your capital and it is possible that you lose more than your entire investment.

## Supporting Documents

Along with your application you must provide the following documents:

### Proof of Identity

Please provide ONE of the following documents:

- **Copy of Passport**
  - MUST be within validity period
- **Copy of Government Issued ID**
  - MUST be accompanied by an attestation that you do not hold a valid passport.
  - MUST be within validity period – not more than 10 years from date of issue.
  - MUST show legal name, date of birth, nationality & registered ID number.

### Proof of Residential Address

Please provide ONE of the following documents which must state the name and current residential address as stated on this application form.

- **Utility Bill**
  - MUST state current residential address as listed on the application.
  - MUST have been issued within the last 6 calendar months.
- **Financial Statement** (including bank, credit, or debit card statements and insurance policy)
  - MUST state current residential address as listed on the application.
  - MUST have been issued within the last 6 calendar months.
  - MUST be issued from a regulated financial institution.
- **Tenancy Agreement**
  - MUST state current residential address as listed on the application.
  - MUST be within the lease term.
- **Registered property purchase** (Issued in UAE only)
  - MUST state current residential address as listed on the application.
- **Bank Letter**
  - MUST state current residential address as listed on the application.
  - MUST have been issued within the last 6 calendar months.
  - MUST be issued from a regulated financial institution.
- **Reputable Company or School Letter**
  - MUST state current residential address as listed on the application.
  - MUST have been issued within the last 6 calendar months.
  - MUST be from a reputable company or accompanied by Trade License, Stamped and on Company Headed paper.
- **Local/national government issued documents** (Including Pension, Education, other Grants, and municipal tax records)
  - MUST state current residential address as listed on the application.
  - MUST have been issued within the last 6 calendar months.
  - MUST be issued from a government body.
- **Family/Partner Letter**
  - MUST state current residential address as listed on the application.
  - MUST have been issued within the last 6 calendar months.
  - MUST confirm relationship to the client, be accompanied by Identity and proof of address documents for the tenant/owner.

Please note that though some forms of identity may include an address, it can only be used as either proof of identity OR proof of address only.



## ACCOUNT INFORMATION

Introduced By (for Introduced Accounts Only)

Managed By (for Managed Accounts Only)

If your account will be a managed account, you will need to complete a copy of the Limited Power of Attorney ("LPOA") available on our Website, sign the LPOA together with your money manager and provide it to ADSS.

### 1. First Account Holder Personal Information

(Please complete ALL sections of this form.)

First Name

Last Name

Title

Date of Birth (DD/MM/YYYY)

Email Address

International Dialing Code

Phone Number

Country of Nationality

Are you a national of any other countries?

Yes  No, Please specify if YES:

Country of Residence

Residential Address

City

State/Province

Post Code (if available)

PO. Box (if available)

Is the billing address different than the address provided above?

Yes  No

Billing Address

Billing City/Town

Billing Zip/Postal Code

Billing Country/State

Are you a resident of any other countries?

Yes  No, Please specify if YES:

TIN (for all countries of tax residence)

A Taxpayer Identification Number (TIN) is an identifying number used for tax purposes in the United States and in other countries under the Common Reporting Standard.

Are you a US Resident, Citizen or US tax payer as defined by the Foreign Account Tax Compliance Act 2010?

Yes  No

Please note this also includes if you are a US Green Card holder, hold a US bank account, have a US PO box or postal address, have a US based power of attorney etc. Please visit the website [www.irs.gov](http://www.irs.gov) for full details or consult a foreign tax advisor.



## 2. First Account Holder Employment Information

### Employment Status

- Employed       Self-employed       Unemployed       Retired
- House Wife       Student       Other, please specify:

### Industry

- Accounting/Finance       Administration and Public Services       Advertising/Marketing/ Public
- Aircraft       Arts, Entertainment and Media       Broker/Dealer
- Consulting and Management       Construction/Real Estate       Education/Training
- Energy and Utilities       Engineering and Manufacturing       Environment and Agriculture
- Financial Services/Banking       FX/ CFD Trading       Government/Military
- Healthcare       Information Technology       Insurance
- Law Enforcement and Security       Leisure, Sport and Tourism       Recruitment and HR
- Relations       Retail/ Sales       Science and Pharmaceuticals
- Transport and Logistics       Other, please specify

Company/Business Name

Position

### Employment Level

- Member of Board of Directors or Executive Management Team       Other positions

## 3. First Account Holder Financial Information

### Annual Income

- Under \$25,000       \$25,000 - \$49,999       \$50,000 - \$99,999       \$100,000 - \$499,999
- \$500,000 - \$999,999       \$1,000,000 or more

### Savings & Investments

- Under \$5,000       \$5,000 - \$24,999       \$25,000 - \$49,999       \$50,000 - \$249,999
- \$250,000 - \$499,999       \$500,000 - \$1,000,000       \$1,000,000 or more

### Source of Funds

- Salary       Savings/Investments       Family Income/Inheritance       Pension
- Other, please specify:

#### 4. First Account Holder Trading Experience

Please provide accurate information. Depending on your level of experience, we may need to ask you further questions once you have completed the application form.

How many times have you traded or invested the following products in the last three years?

- |   |  |  |                                       |
|---|--|--|---------------------------------------|
| <b>Exchange Traded Derivatives</b><br>For example: warrants, futures or options (including forex) | <input type="checkbox"/> Over 20 times | <input type="checkbox"/> 10 - 20 times | <input type="checkbox"/> 0 - 10 times |
| <b>Over the Counter Derivatives</b><br>For example: CFDs, Spread Bets (including forex)           | <input type="checkbox"/> Over 20 times | <input type="checkbox"/> 10 - 20 times | <input type="checkbox"/> 0 - 10 times |

How have you mostly traded these products?

- Independently or with Advice       Through a managed fund       Never

Do you have any relevant qualifications or work experience that have given you an understanding of our products?

- Yes, from a relevant role in a financial services firm
- Yes, a relevant professional qualification or education
- Yes, both of the above
- No

#### 5. First Account Holder Marketing Preference

I would like to receive information from the ADSS group of companies and any associated or selected partners about any products, services or offers that maybe relevant to me via phone, SMS or email.  Yes  No

#### 6. First Account Holder Conflict of Interest

Please read the below declaration carefully. As a regulated entity, we are required to assess if there is a conflict of interest prior to opening an Account. If you have any doubts or concerns, we recommend that you provide full and complete details of any relationships you may have that fit the criteria stated below:

- ADSS;
  - ADSS's board of directors;
  - any entity within the ADSS group; and
  - any capital market institutions, any companies publicly listed in the UAE, any other entities licensed by SCA or the board of directors of any such entities.
- I confirm that I have no relationship with any of the above parties.
- I declare that I have a relationship with



## 7. Second Account Holder Personal Information

(Please complete ALL sections of this form.)

First Name

Last Name

Title

Date of Birth (DD/MM/YYYY)

Email Address

International Dialing Code

Phone Number

Country of Nationality

Are you a national of any other countries?

Yes  No, Please specify if YES:

Country of Residence

Residential Address

City

State/Province

Post Code (if available)

PO. Box (if available)

Is the billing address different than the address provided above?

Yes  No

Billing Address

Billing City/Town

Billing Zip/Postal Code

Billing Country/State

Are you a resident of any other countries?

Yes  No, Please specify if YES:

TIN (for all countries of tax residence)

A Taxpayer Identification Number (TIN) is an identifying number used for tax purposes in the United States and in other countries under the Common Reporting Standard.

Are you a US Resident, Citizen or US tax payer as defined by the Foreign Account Tax Compliance Act 2010?

Yes  No

Please note this also includes if you are a US Green Card holder, hold a US bank account, have a US PO box or postal address, have a US based power of attorney etc. Please visit the website [www.irs.gov](http://www.irs.gov) for full details or consult a foreign tax advisor.

## 8. Second Account Holder Employment Information

### Employment Status

Employed

Self-employed

Unemployed

Retired

House Wife

Student

Other, please specify:



## Industry

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Accounting/Finance           | <input type="checkbox"/> Administration and Public Services | <input type="checkbox"/> Advertising/Marketing/ Public |
| <input type="checkbox"/> Aircraft                     | <input type="checkbox"/> Arts, Entertainment and Media      | <input type="checkbox"/> Broker/Dealer                 |
| <input type="checkbox"/> Consulting and Management    | <input type="checkbox"/> Construction/Real Estate           | <input type="checkbox"/> Education/Training            |
| <input type="checkbox"/> Energy and Utilities         | <input type="checkbox"/> Engineering and Manufacturing      | <input type="checkbox"/> Environment and Agriculture   |
| <input type="checkbox"/> Financial Services/Banking   | <input type="checkbox"/> FX/ CFD Trading                    | <input type="checkbox"/> Government/Military           |
| <input type="checkbox"/> Healthcare                   | <input type="checkbox"/> Information Technology             | <input type="checkbox"/> Insurance                     |
| <input type="checkbox"/> Law Enforcement and Security | <input type="checkbox"/> Leisure, Sport and Tourism         | <input type="checkbox"/> Recruitment and HR            |
| <input type="checkbox"/> Relations                    | <input type="checkbox"/> Retail/ Sales                      | <input type="checkbox"/> Science and Pharmaceuticals   |
| <input type="checkbox"/> Transport and Logistics      | <input type="checkbox"/> Other, please specify              |  |

Company/Business Name

Position

## Employment Level

- Member of Board of Directors or Executive Management Team  Other positions

## 9. Second Account Holder Financial Information

### Annual Income

- Under \$25,000  \$25,000 - \$49,999  \$50,000 - \$99,999  \$100,000 - \$499,999
- \$500,000 - \$999,999  \$1,000,000 or more

### Savings & Investments

- Under \$5,000  \$5,000 - \$24,999  \$25,000 - \$49,999  \$50,000 - \$249,999
- \$250,000 - \$499,999  \$500,000 - \$1,000,000  \$1,000,000 or more

### Source of Funds

- Salary  Savings/Investments  Family Income/Inheritance  Pension
- Other, please specify:

## 10. Second Account Holder Trading Experience

Please provide accurate information. Depending on your level of experience, we may need to ask you further questions once you have completed the application form.

### How many times have you traded or invested the following products in the last three years?

#### Exchange Traded Derivatives

For example: warrants, futures or options (including forex)

- Over 20 times  10 - 20 times  0 - 10 times

#### Over the Counter Derivatives

For example: CFDs, Spread Bets (including forex)

- Over 20 times  10 - 20 times  0 - 10 times



**How have you mostly traded these products?**

- Independently or with Advice       Through a managed fund       Never

**Do you have any relevant qualifications or work experience that have given you an understanding of our products?**

- Yes, from a relevant role in a financial services firm  
 Yes, a relevant professional qualification or education  
 Yes, both of the above  
 No

**11. Second Account Holder Marketing Preference**

I would like to receive information from the ADSS group of companies and any associated or selected partners about any products, services or offers that maybe relevant to me via phone, SMS or email.  Yes     No

**12. Second Account Holder Conflict of Interest**

Please read the below declaration carefully. As a regulated entity, we are required to assess if there is a conflict of interest prior to opening an Account. If you have any doubts or concerns, we recommend that you provide full and complete details of any relationships you may have that fit the criteria stated below:

- a. ADSS;
- b. ADSS's board of directors;
- c. any entity within the ADSS group; and
- d. any capital market institutions, any companies publicly listed in the UAE, any other entities licensed by SCA or the board of directors of any such entities.

- I confirm that I have no relationship with any of the above parties.  
 I declare that I have a relationship with

**13. Bank Information**

In accordance with ADSS's policies, ADSS can only send to, and receive funds from, two bank accounts. Whichever accounts you list below are the only two accounts which ADSS can send to, and receive funds from, throughout your relationship with ADSS. If you were to close one or both of the accounts, then proof of account closure would be required to amend your bank account details.

**ORIGIN OF FUNDS - ACCOUNT 1**

Accountholder's Name

Bank Name

Bank Address

Account or IBAN Number       Swift Code/ABA (Routing Number)

**ORIGIN OF FUNDS - ACCOUNT 2**

Accountholder's Name

Bank Name

Bank Address

Account or IBAN Number       Swift Code/ABA (Routing Number)





#### Initial Deposit

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> \$100 - \$999             | <input type="checkbox"/> \$1,000 - \$4,999     | <input type="checkbox"/> \$5,000 - \$9,999     | <input type="checkbox"/> \$10,000 - \$49,999       |
| <input type="checkbox"/> \$50,000 - \$99,999       | <input type="checkbox"/> \$100,000 - \$499,999 | <input type="checkbox"/> \$500,000 - \$999,999 | <input type="checkbox"/> \$1,000,000 - \$4,999,999 |
| <input type="checkbox"/> \$5,000,000 - \$9,999,999 | <input type="checkbox"/> \$10,000,000 or more  |  |  |

#### 14. Declarations

I understand the nature and risks of margin trading. I understand that I can incur losses significantly greater than the amount (“margin”) I was initially required to deposit to open a margined transaction. I understand that if my losses exceed the funds in my account I will be required to cover these losses.

I agree that I have access to the following information by way of the ADSS website and I hereby confirm that I have read, understood and agree to be bound by the terms of these documents:

- Risk Warning Notice
- Terms of Business
- Privacy Policy
- Order Execution Policy
- Conflicts of Interest Policy
- Schedule of Charges

Finally, I confirm that I am aged 21 years or over and that the information provided by me in this account application form is true and correct. I confirm that I will notify ADSS immediately of any changes to the information I have provided.

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First Account Holder Signature

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Date (DD/MM/YYYY)

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Second Account Holder Signature

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Date (DD/MM/YYYY)