



Thank you for choosing LeadCapital Limited. Kindly fill out this account opening form carefully.

CLIENT'S NAME: (1)..... (SURNAME FIRST)

(2)..... (SURNAME FIRST)

BIRTHDAY: (1)..... (2)

OCCUPATION: (1)..... (2) (If self-employed, please state type of business)

OFFICE NAMES AND ADDRESSES: (1)..... (2).....

RESIDENTIAL ADDRESS:.....

MAILING ADDRESS:.....

TELEPHONE(S): (1)..... EMAIL ADDRESS: (1).....

(2)..... EMAIL ADDRESS: (2).....

PASSPORT / DRIVERS LICENCE NUMBER: (1)..... (2)..... (If others specify) (Please attach photocopy)

NAME AND ADDRESS OF NEXT OF KIN:.....

CLIENT'S SIGNATURE:..... DATE:.....

CLIENT'S SIGNATURE..... DATE:.....

CUSTOMER DECLARATION

YOUR AGREEMENT WITH US: By signing below I am; (i) applying to LeadCapital for the opening of a stock broking account; (ii) confirming that all details supplied are true and complete; (iii) I shall be solely responsible for all orders entered including but not limited to trade qualifiers, the number of trades entered, the suitability of any trade(s), investment strategies, and risks associated with each trade and LeadCapital and its officers, directors, employees, agents and affiliates shall have no liability financial or otherwise or expense which shall include but not be limited to attorneys' fees and disbursements as incurred as a result of any losses or damages in respect of any such decisions, instructions, transactions or strategies employed (v)agreeing to be bound by the terms and conditions governing the operation for the account as set hereinafter.

SIGNATURE& DATE: (1)..... (2).....

PLEASE TICK LEADCAPITAL REPORTS YOU WOULD LIKE TO RECEIVE:

LEAD DAILY REPORT

LEAD WEEKLY REPORT

OTHER AVAILABLE REPORTS

FOR OFFICIAL USE ONLY

INITIAL INVESTMENT AMOUNT:.....

OPERATIONS VERIFICATION:.....

RELATIONSHIP OFFICER:.....

RELATIONSHIP OFFICER'S COMMENTS:.....

.....

.....

.....

SIGNATURE:.....

CHECK ACCOUNT OPENING DOCUMENTS:

PLEASE CHECK

1. PHOTOCOPY OF INTERNATIONAL PASSPORT OR DRIVER'S LICENCE

2. RECEIPT OF PASSPORT PHOTOGRAPH

3. COMPLETED ACCOUNT OPENING FORM

4. COMPLETED CSCS FORM

ACCOUNT OPENING AUTHORISED BY :.....

DATE:.....

CSCS Number: