



Trading Account Agreement

CORPORATE ACCOUNT APPLICATION

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Noor Capital PSC (“NOOR”) will assess carefully whether it is appropriate for us to open an account for your firm and provide services to you accordingly, based on the information provided within this Corporate Application (“Application”). Therefore, it is very important that you immediately inform NOOR in writing about any changes regarding the information provided within this Application.

Please complete any sections of this Application and mark those, which do not apply to you with “N/A” to indicate that the relevant question has been considered by you.

Please provide the following documentation to a complete this Application;

- Certificate of Incorporation, Formation or Organization
- Articles of Association, Formation, Organization or Incorporation
- Share Certificate or Official Document outlining the complete ownership structure identifying the beneficial owners with 5% or more ownership in the company
- Proof of identity for all signatories and/or controlling officers (must be valid copy of passport)
- Proof of address for all signatories and/or controlling officers (bank statement or utility bill not older than 3 month)
- Proof of identity for all beneficial owners and/or shareholder with 5% or more ownership in the company (must be valid copy of passport)
- Proof of address for all beneficial owners and/or shareholder with 5% or more ownership in the company (bank statement or utility bill not older than 3 month)
- Proof of registration with a government regulatory agency
- Trade License

1 ACCOUNT INFORMATION

Account Type (Choose One): MT4 FX/CFD MMI

Introduced By (Name or IB Number): _____

Managed By (Name Money Manager): _____

If your account will be a managed account, please contact your money manager to obtain a copy of a Limited Power of Attorney which you need to complete and sign and provide to NOOR.

2 CORPORATE INFORMATION

Registered Business Name: _____

Registered Address: _____

Building Name/Number/Floor: _____ Suite/Apt: _____

City: _____ State/Province: _____

Country: _____ Postal Code: _____

Mailing Address (If different from above): _____

Country: _____ Postal Code: _____

Country of Formation, Organization, Incorporation: _____

Regulatory Agency: _____ Registration Number: _____

Primary Email: _____

3 AUTHORIZED SIGNATORY (IES)

First Name: _____ Middle Name: _____

Last Name: _____

Country of Residence: _____ Country of Citizenship: _____

Primary Email: _____ Date of Birth (MM/DD/YYYY): _____

Telephone: _____ Mobile: _____

Title: _____ % of Ownership: _____

First Name: _____ Middle Name: _____

Last Name: _____

Country of Residence: _____ Country of Citizenship: _____

Primary Email: _____ Date of Birth (MM/DD/YYYY): _____

Telephone: _____ Mobile: _____

Title: _____ % of Ownership: _____

4 **BENEFICIAL OWNER(S)**

First Name: _____ Middle Name: _____

Last Name: _____

Country of Residence: _____ Country of Citizenship: _____

Primary Email: _____ Date of Birth (MM/DD/YYYY): _____

Telephone: _____ Mobile: _____

Title: _____ % of Ownership: _____

First Name: _____ Middle Name: _____

Last Name: _____

Country of Residence: _____ Country of Citizenship: _____

Primary Email: _____ Date of Birth (MM/DD/YYYY): _____

Telephone: _____ Mobile: _____

Title: _____ % of Ownership: _____

First Name: _____ Middle Name: _____

Last Name: _____

Country of Residence: _____ Country of Citizenship: _____

Primary Email: _____ Date of Birth (MM/DD/YYYY): _____

Telephone: _____ Mobile: _____

Title: _____ % of Ownership: _____

5 BANK INFORMATION

Beneficiary's Name: _____

Bank Name: _____

Bank Address: _____

SWIFT Code: _____

IBAN Number: _____

6 FINANCIAL INFORMATION

1. What is the entity's estimated annual income?

- | | | |
|--|--|--|
| <input type="checkbox"/> Under \$25,000 | <input type="checkbox"/> \$25,000-\$49,999 | <input type="checkbox"/> \$50,000-\$99,999 |
| <input type="checkbox"/> \$100,000-\$249,999 | <input type="checkbox"/> \$250,000-\$1,000,000 | <input type="checkbox"/> Over \$1,000,000 |

2. What is the entity's Net Worth (assets minus liabilities)?

- | | | |
|--|--|--|
| <input type="checkbox"/> Under \$25,000 | <input type="checkbox"/> \$25,000-\$49,999 | <input type="checkbox"/> \$50,000-\$99,999 |
| <input type="checkbox"/> \$100,000-\$249,999 | <input type="checkbox"/> \$250,000-\$1,000,000 | <input type="checkbox"/> Over \$1,000,000 |

3. What is the entity's source of Income?

- | | | |
|---------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Own Business | <input type="checkbox"/> Investments | <input type="checkbox"/> Corporate Savings |
| <input type="checkbox"/> Sharecapital | <input type="checkbox"/> Owner/BO | <input type="checkbox"/> Other |

4. What is the origin of wealth \$: _____

5. Initial Deposit: _____

6. What are your firm's investment goals?

Income Speculative Growth Aggressive Growth

7. Has the business or any of its principals, beneficial owners, or controlling persons ever been licensed or authorized with any regulatory authority? Yes No

If yes, indicate which regulator and provide the ID number: _____

8. Is the business or any of its principals, beneficial owners, or controlling persons required to be registered with any other regulatory agency? Yes No

If yes, indicate which regulator: _____

7 TRADING INFORMATION

Have you had experience trading the following instruments: (please check all which apply)

Over the Counter Derivatives	<input type="checkbox"/>	0	<input type="checkbox"/>	1-3	<input type="checkbox"/>	4-7	<input type="checkbox"/>	8+
Exchange Traded Derivatives	<input type="checkbox"/>	0	<input type="checkbox"/>	1-3	<input type="checkbox"/>	4-7	<input type="checkbox"/>	8+
Contracts for Difference	<input type="checkbox"/>	0	<input type="checkbox"/>	1-3	<input type="checkbox"/>	4-7	<input type="checkbox"/>	8+
Bullion	<input type="checkbox"/>	0	<input type="checkbox"/>	1-3	<input type="checkbox"/>	4-7	<input type="checkbox"/>	8+
Options	<input type="checkbox"/>	0	<input type="checkbox"/>	1-3	<input type="checkbox"/>	4-7	<input type="checkbox"/>	8+

8 KNOWLEDGE AND UNDERSTANDING

Do you have a good understanding of the financial products which you will be trading with Noor Capital and also acknowledge that trading OTC products on margin carries a high level of risk. Do you have a good understanding of financial markets and understand that trading OTC products on margin carries a high degree of risk.

Yes No

9 ACKNOWLEDGEMENT AND SIGNATURE

The undersigned hereby attest(s) and agree(s) that the above application is for the purpose of opening an account with Noor Capital PSC (hereinafter referred to as "NOOR") and that such an account will be governed by the terms and conditions set forth within NOOR's Client Agreement.

The undersigned further certifies that he/she has received a copy of NOOR's Client Agreement, Online Services and Electronic Trading Agreement, Risk Disclosure Statement and Terms of Business and has read, understands and agrees that all terms and conditions contained therein shall govern his/her business relationship with NOOR. The undersigned agrees and understands that NOOR retains the right to amend any and all Agreements at any time by means of proper notification.

The undersigned hereby attest(s) and agree(s) that the above information is complete and accurate and certifies that the signature is genuine and that any photocopies, including copies of the verification of identity documents supplied are unaltered, exact copies of the corresponding originals. The undersigned hereby authorizes NOOR to verify any or all of the foregoing information through any means deemed proper by NOOR.

Further, the undersigned hereby represent that he/she is age 21 years or older and that the information provided on this account application is true and accurate. He/she further represent to notify NOOR of any material changes to this application in writing. He/she can confirm not breaching any regulations of

His/her country of residence in trading with NOOR. NOOR reserves the right, but has no duty, to verify the accuracy of information provided, and to contact any banks, agencies or others referenced on this application as it deems necessary.

ACKNOWLEDGED BY:

_____	_____	_____
NAME - TITLE	SIGNATURE	DATE

_____	_____	_____
NAME - TITLE	SIGNATURE	DATE

_____	_____	_____
NAME - TITLE	SIGNATURE	DATE

_____	_____	_____
NAME - TITLE	SIGNATURE	DATE