



Client Trading Account Agreement

JOINT ACCOUNT APPLICATION

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Noor Capital PSC (“NOOR”) will assess carefully whether it is appropriate for us to open an account for you and provide services to you accordingly, based on the information provided within this Individual Account 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 complete this Application;

- Proof of identity (must be valid copy of passport)
- Proof of residential address (bank statement or utility bill not older than 3 month)

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 GENERAL INFORMATION PRIMARY ACCOUNT HOLDER 1

First Name: _____ Last Name: _____

Registered Address: _____

Building /Floor: _____ Suite/Apt: _____

City: _____ State/Province: _____

Country: _____ Postal Code: _____

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

Telephone: _____ Mobile: _____

3 BANK INFORMATION PRIMARY ACCOUNT HOLDER 1

Beneficiary's Name: _____

Bank Name: _____

Bank Address: _____

SWIFT Code: _____

IBAN Number: _____

4 FINANCIAL INFORMATION PRIMARY ACCOUNT HOLDER

1. What is your 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 your total estimated 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 origin of your wealth or source of your funds?

- | | | |
|--|--|--|
| <input type="checkbox"/> Salary | <input type="checkbox"/> Private Pension | <input type="checkbox"/> Savings/Investments |
| <input type="checkbox"/> Inheritance/Gifts | <input type="checkbox"/> Family/Parents | <input type="checkbox"/> Other |

4. What is your employment status?

- | | | |
|-----------------------------------|--|-------------------------------------|
| <input type="checkbox"/> Employed | <input type="checkbox"/> Self-Employed | <input type="checkbox"/> Unemployed |
| <input type="checkbox"/> Retired | <input type="checkbox"/> Student | <input type="checkbox"/> Other |

Name of Current Employer: _____ Type of Business: _____

Occupation: _____ Years with Current Employer: _____

Employer Address: _____

5. What is your anticipated initial deposit \$: _____

6. What are your investment goals?

- Income Speculative Growth Aggressive Growth

5 TRADING INFORMATION PRIMARY ACCOUNT HOLDER

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

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+

6 GENERAL INFORMATION SECONDARY ACCOUNT HOLDER

First Name: _____ Last Name: _____

Registered Address: _____

Building /Floor: _____ Suite/Apt: _____

City: _____ State/Province: _____

Country: _____ Postal Code: _____

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

Telephone: _____ Mobile: _____

7 BANK INFORMATION SECONDARY ACCOUNT HOLDER

Beneficiary's Name: _____

Bank Name: _____

Bank Address: _____

SWIFT Code: _____

IBAN Number: _____

8 FINANCIAL INFORMATION SECONDARY ACCOUNT HOLDER

1. What is your 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 your total estimated 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 origin of your wealth or source of your funds?

- | | | |
|--|--|--|
| <input type="checkbox"/> Salary | <input type="checkbox"/> Private Pension | <input type="checkbox"/> Savings/Investments |
| <input type="checkbox"/> Inheritance/Gifts | <input type="checkbox"/> Family/Parents | <input type="checkbox"/> Other |

4. What is your employment status?

- | | | |
|-----------------------------------|--|-------------------------------------|
| <input type="checkbox"/> Employed | <input type="checkbox"/> Self-Employed | <input type="checkbox"/> Unemployed |
| <input type="checkbox"/> Retired | <input type="checkbox"/> Student | <input type="checkbox"/> Other |

Name of Current Employer: _____ Type of Business: _____

Occupation: _____ Years with Current Employer: _____

Employer Address: _____

4. What is your anticipated initial deposit \$: _____

5. What are your investment goals?

- Income Speculative Growth Aggressive Growth

9 TRADING INFORMATION SECONDARY ACCOUNT HOLDER

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

- | | | | | |
|------------------------------|----------------------------|------------------------------|------------------------------|-----------------------------|
| 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+ |

10 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

11 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:

PRIMARY ACCOUNT HOLDER NAME	SIGNATURE	DATE
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SECONDARY ACCOUNT HOLDER NAME	SIGNATURE	DATE
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