



Business Account Application

PLEASE COMPLETE AND SEND VIA EMAIL TO
CS@ALPARI-US.COM OR FAX TO +1 646.825.5761.

Alpari (US), LLC
14 Wall St., Suite 8B
New York, NY 10005

+1 646 825 5760
+1 646 825 5761
www.alpari-us.com

Trading Platform (Choose One): MT4 Standard MT4 Pro Alpari FXOptions
 Alpari Direct Alpari Direct Pro FXOptions Mini

Type of Entity: Corporation Limited Liability Company/Limited Company
 Partnership Sole Proprietorship Other _____

Introduced By (for Introduced Accounts): _____

ENTITY INFORMATION

Business Name: _____ Tax ID #: _____
DBA (Doing Business As): _____
Business Address: _____ Suite/Apt#: _____
City/Town: _____ State/Province: _____
Zip/Postal Code: _____ Country: _____
Business Inception Date (MM/DD/YYYY): _____ Type of Business: _____

AUTHORIZED SIGNER/PRIMARY CONTACT PERSON

First Name (as it appears on passport): _____
Last Name (Surname): _____ Middle Name: _____
Home Address: _____ Suite/Apt#: _____
City: _____ State/Province: _____ Zip/Postal Code: _____
Country of Residence: _____ Country of Citizenship: _____
Telephone #: _____ Fax #: _____
Date of Birth (MM/DD/YYYY): _____ SSN/Passport #: _____
Email: _____ Preferred Language: _____
Title: _____

AUTHORIZED SIGNER/SECONDARY CONTACT PERSON (Optional)

First Name (as it appears on passport): _____
Last Name (Surname): _____ Middle Name: _____
Home Address: _____ Suite/Apt#: _____
City: _____ State/Province: _____ Zip/Postal Code: _____
Country of Residence: _____ Country of Citizenship: _____
Date of Birth (MM/DD/YYYY): _____ SSN/Passport #: _____
Title: _____



BENEFICIAL OWNERS

First Name (*as it appears on passport*): _____
Last Name (*Surname*): _____ Middle Name: _____
Home Address: _____ Suite/Apt#: _____
City: _____ State/Province: _____ Zip/Postal Code: _____
Country of Residence: _____ Country of Citizenship: _____
Date of Birth (*MM/DD/YYYY*): _____ SSN/Passport #: _____
Title: _____

First Name (*as it appears on passport*): _____
Last Name (*Surname*): _____ Middle Name: _____
Home Address: _____ Suite/Apt#: _____
City: _____ State/Province: _____ Zip/Postal Code: _____
Country of Residence: _____ Country of Citizenship: _____
Date of Birth (*MM/DD/YYYY*): _____ SSN/Passport #: _____
Title: _____

First Name (*as it appears on passport*): _____
Last Name (*Surname*): _____ Middle Name: _____
Home Address: _____ Suite/Apt#: _____
City: _____ State/Province: _____ Zip/Postal Code: _____
Country of Residence: _____ Country of Citizenship: _____
Date of Birth (*MM/DD/YYYY*): _____ SSN/Passport #: _____
Title: _____

First Name (*as it appears on passport*): _____
Last Name (*Surname*): _____ Middle Name: _____
Home Address: _____ Suite/Apt#: _____
City: _____ State/Province: _____ Zip/Postal Code: _____
Country of Residence: _____ Country of Citizenship: _____
Date of Birth (*MM/DD/YYYY*): _____ SSN/Passport #: _____
Title: _____

BANKING INFORMATION

Bank Name: _____ Accountholder's Name: _____
Bank Address: _____
Account Number: _____ Swift Code/ABA (*routing number*): _____



FINANCIAL INFORMATION

1. What is your total estimated annual income?

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

2. Net Worth (assets minus liabilities)?

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

3. Liquid assets (assets that can be quickly converted to cash)?

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

4. Initial Deposit: _____

5. Please provide a Telephone Trading Password: _____

6. Have you ever declared bankruptcy? Yes No

7. Has the business ever declared bankruptcy? Yes No

8. Will any other person/entity control, manage, or direct the trading in this account? Yes No

9. Does the business have or has the business ever held any other account(s) with Alpari? Yes No

If yes, indicate which Alpari company and provide account number: _____

10. Have you ever been registered with the CFTC, NFA, SEC, FINRA or other regulator? Yes No

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

11. Has the business ever been registered with the CFTC, NFA, SEC, FINRA or other regulator? Yes No

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

12. Are you required to be registered with the CFTC, NFA, SEC, FINRA or other regulator? Yes No

If yes, indicate which regulator: _____



13. Is the business required to be registered with the CFTC, NFA, SEC, FINRA Yes No
or other regulator? *If yes, indicate which regulator:*
- _____

TRADING EXPERIENCE

1. Does the business have experience trading securities? Yes No Years? _____
2. Does the business have experience trading commodities? Yes No Years? _____
3. Does the business have experience trading OTC currencies/Forex? Yes No Years? _____
4. Does the business have experience trading options? Yes No Years? _____
5. Does the business have experience trading futures? Yes No Years? _____
6. Does the business have experience trading bullion/precious metals? Yes No Years? _____

CUSTOMER ACKNOWLEDGEMENT

I HEREBY REPRESENT THAT, AND BY SIGNING BELOW, THE INFORMATION PROVIDED ON THIS APPLICATION IS TRUE AND ACCURATE. I FURTHER REPRESENT THAT WE WILL NOTIFY ALPARI (US), LLC ("ALPARI") OF ANY MATERIAL CHANGES TO THIS APPLICATION IN WRITING. ALPARI RESERVES THE RIGHT, BUT HAS NO DUTY, TO VERIFY THE ACCURACY OF INFORMATION PROVIDED, AND TO CONTACT ANY BANKS, BROKERS OR OTHERS REFERENCED ON THIS APPLICATION AS IT DEEMS NECESSARY.

AUTHORIZED SIGNER /PRIMARY CONTACT PERSON SIGNATURE

Full Name (*print*): _____

Title (*ex: trustee/authorized signer*): _____

Signature: _____

Date: _____

AUTHORIZED SIGNER/SECONDARY CONTACT PERSON SIGNATURE (*Optional*)

Full Name (*print*): _____

Title (*ex: trustee/authorized signer*): _____

Signature: _____

Date: _____