

JOINT ACCOUNT APPLICATION

Please complete ALL sections of this form.

Any sections which do not apply to you should be marked with “N/A” to indicate that the relevant question has been considered by you. Leaving sections blank may cause delays in your account application process.

ADS Securities LLC (“ADSS”) will assess whether it is appropriate for us to provide Services to you, based on the information provided on this Application Form. For this reason, it is essential that you immediately inform ADSS in writing of any changes in the information which you have provided.

ADSS requires the following documentation in addition to a completed Application Form:

Your application must be accompanied by ONE (1) legible certified (tru) copy of identification document from Section A for each account applicant. Your application must also be accompanied by ONE (1) legible proof of residential address document from Section B, for each account applicant.

SECTION A (Provide ONE (1) of the following per applicant)

- Passport
 - MUST be within validity period
- 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

SECTION B (Provide ONE of the following per applicant)

- Utility Bill
 - MUST state your current residential address as listed on the application form
 - MUST have been issued within the last 3 calendar months
- Bank Statement
 - MUST state your current residential address as listed on the application form
 - MUST have been issued within the last 3 calendar months
 - MUST be issued from the financial institution – online PDF is acceptable - online screen shots are not acceptable
- Lease / Tenancy Agreement
 - MUST state your current residential address as listed on the application form
 - MUST be still within its lease term

Certifying Your Documents

For the copies of your documents to be considered certified, they must be signed by ONE of the following:

- An ADS Securities employee can certify your documents upon seeing the ORIGINALS
- A registered lawyer
- A registered notary
- A chartered accountant
- A government ministry
- A designated bank official
- A designated postal official
- A designated police official
- An embassy or consulate

ACCOUNT INFORMATION

Account Type (Choose One): MT4 ADSS Trader

Introduced By (for Introduced Accounts Only): _____

Managed By (for Managed Accounts Only): _____

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 ADSS.

PRIMARY ACCOUNTHOLDER INFORMATION

Legal First Name: _____ Middle Name: _____

Legal Last Name (Surname): _____

Residential Address: _____

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

City: _____ State/Province: _____ Zip/Postal Code: _____

Country: _____

Mailing Address: _____

P.O. Box: _____ Country: _____

Country of Citizenship: _____ Nationality: _____

Date of Birth (MM/DD/YYYY): _____ Telephone #: _____

Preferred Language: _____

Email: (for delivery of electronic statements): _____

PRIMARY ACCOUNTHOLDER EMPLOYMENT INFORMATION

Employed Self Employed Retired Unemployed

Name of Current Employer: _____ Type of Business: _____

Occupation: _____ Years with Current Employer: _____

Employer Address: _____ Suite/Apt#: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Telephone #: _____

SECONDARY ACCOUNTHOLDER INFORMATION

Legal First Name: _____ Middle Name: _____

Legal Last Name (Surname): _____

Residential Address: _____

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

City: _____ State/Province: _____ Zip/Postal Code: _____

Country: _____

Mailing Address: _____

P.O. Box: _____ Country: _____

Country of Citizenship: _____ Nationality: _____

Date of Birth (MM/DD/YYYY): _____ Telephone #: _____

Preferred Language: _____

Email: (for delivery of electronic statements): _____

SECONDARY ACCOUNTHOLDER EMPLOYMENT INFORMATION

Employed
 Self Employed
 Retired
 Unemployed

Name of Current Employer: _____ Type of Business: _____

Occupation: _____ Years with Current Employer: _____

Employer Address: _____ Suite/Apt#: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Telephone #: _____

BANK INFORMATION

Note that in accordance with ADSS's policies, ADSS can only send and receive funds from two bank accounts. Whichever accounts you list below are the only two accounts which ADSS can send and receive funds from throughout your relationship with ADSS, unless 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): _____

FINANCIAL & CUSTOMER INFORMATION

Please provide the combined Financial Information for both account holders.

1. What is your combined total estimated annual income?

- Under \$25,000
 \$25,000-\$49,999
 \$50,000-\$99,999
 \$100,000-\$249,999
 \$250,000-\$1,000,000
 Over \$1,000,000

2. Combined Net Worth (assets minus liabilities)?

- Under \$25,000
 \$25,000-\$49,999
 \$50,000-\$99,999
 \$100,000-\$249,999
 \$250,000-\$1,000,000
 Over \$1,000,000

3. What is the origin of wealth? _____

4. Initial Deposit: \$ _____

TRADING INFORMATION

1. Do either of you have experience trading the following instruments: (please check all which apply)

- Exchange Traded Derivatives
 OTC Derivatives
 Securities

2. If yes, please check one of the below:

- Less than 1 year
 1-5 years
 5 or more years

REFERRAL

How did you hear about ADSS Securities?

Magazine

Online Ad

Friend

Forum

Newspaper

Seminar

Search Engine

Other _____

YOU SHOULD NOT SIGN THE APPLICATION FORM IF YOU ARE UNSURE AS TO THE NATURE OF THE RISKS INVOLVED IN TRADING USING THE ADSS SERVICES.

MARGINED TRANSACTIONS CARRY A HIGH LEVEL OF RISK TO YOUR CAPITAL. **IT IS POSSIBLE TO LOSE MORE THAN YOUR INITIAL INVESTMENT.** BEFORE SUBMITTING THIS APPLICATION FORM, FOR YOUR OWN BENEFIT AND PROTECTION YOU SHOULD CAREFULLY READ THE INFORMATION NOTICE, RISK DISCLOSURES, THE ORDER EXECUTION POLICY AND THE TERMS OF BUSINESS.

WE HIGHLY RECOMMEND THAT YOU DOWNLOAD OR PRINT A COPY OF THE RISK DISCLOSURES, THE ORDER EXECUTION POLICY AND THE TERMS OF BUSINESS AND REVIEW THEM. WE FURTHER RECOMMEND THAT YOU REGULARLY REFER TO OUR WEBSITE FOR ANY UPDATES TO THOSE DOCUMENTS.

IF THERE IS ANYTHING IN THE DOCUMENTS REFERRED TO ABOVE THAT YOU DO NOT UNDERSTAND, PLEASE CONTACT A MEMBER OF OUR PRIME SERVICES TEAM FOR MORE INFORMATION BY CALLING +971 2 652 9777. ALTERNATIVELY YOU CAN EMAIL OUR PRIME SUPPORT TEAM AT PRIMESUPPORT@ADS-SECURITIES.COM.

CUSTOMER ACKNOWLEDGEMENT

WE HEREBY REPRESENT THAT, AND BY SIGNING BELOW, THE INFORMATION PROVIDED BY US ON THIS JOINT ACCOUNT APPLICATION IS TRUE AND ACCURATE. WE FURTHER REPRESENT THAT WE WILL NOTIFY ADS SECURITIES LLC ("ADSS") OF ANY MATERIAL CHANGES TO THIS APPLICATION IN WRITING. ADSS 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

SECONDARY ACCOUNT HOLDER NAME

PRIMARY ACCOUNT HOLDER SIGNATURE

SECONDARY ACCOUNT HOLDER SIGNATURE

DATE

DATE

