Applicant Information

First Name	
Last Name	
Street Address Line 1	
Street Address Line 2	
City	
State/Province	
Postal Code	
Country	
Telephone Number	+ - Include Country Code
Email Address	

Personal Information

Country of Birth	
Birth Date	
Country of Tax Residence	
Tax Information Number	
Employment Status	☐ Employed ☐ Self-Employed ☐ Unemployed ☐ Retired
Occupation	
Industry	
Are you a registered person with a financial services regulator?	☐ No ☐ Yes
If YES, name of regulator	
Regulatory number	
Are you a director or control person for a stock exchange listed entity?	☐ No ☐ Yes
If YES, name of exchange	
Name of listed entity	

Identification

Primary ID - Passport or National Number	
Primary ID Expiration Date	
Primary ID Country of Issue	
Secondary ID	
Secondary ID Expiration Date	
Secondary ID Country of Issue	

Trading Experience

To be considered an elective professional client, you must fulfill at least two of the three following criteria:

1. You have carried out, in material size, on the relevant market at an average frequency of 10 per quarter over the previous four quarters.
2. The size of your financial instrument portfolio, defined as including cash deposits and financial instruments, exceeds €500,000 or other currency equivalent.
3. You work or have worked in the financial sector for at least one year in a professional position, which requires knowledge of the transactions or services envisioned.

For securities such as shares and bonds, please confirm the average number of trades placed per quarter over the last 12 months	
For exchange traded derivatives such as futures and options, please confirm the average number of trades placed per quarter over the last 12 months	
Please confirm the current value of your financial investment portfolio including cash deposits and financial instruments	
Do you have educational, professional qualifications or work experience that you consider allows you fully to understand the risks of our products and services?	☐ No ☐ Yes
If Yes, please specify	

Classification as an Elective Professional Client

I acknowledge that I have read and understood the classification as an elective professional client document	☐ No ☐ Yes
By signing here, I acknowledge that I request to be treated as a professional client and I am aware of the consequences of losing Retail Client protections	Signature

Declarations

I hereby certify that the information provided above is true, accurate and complete.	☐ No ☐ Yes
I acknowledge and agree on my behalf: (i) that the information contained in this form, including information about the account holder and identified directors and Controlling Persons may be shared with domestic and/or overseas regulators or tax authorities; (ii) to notify Regents Park Securities Ltd. ("RPS") within 30 calendar days if there is any change to the information provided; (iii) that RPS may make anti-money laundering, credit reference and other relevant checks about me and any other persons named in the application and may collect, process and transmit personal information about me/us as set out in its Privacy Policy and Terms of Business and I confirm I have permission from those other persons to provide such information. This may include, but is not limited to, the collection of and using such information relevant to the operation of the account, providing information to any person that introduced me/us to RPS, and transferring personal information to service providers, including overseas.(iv) That RPS may require and request documentary evidence to confirm or verify the information provided; (v) that where required by tax authorities, RPS may withhold and pay out from the account such amounts as may be required according to applicable laws, regulations, agreements with regulators or authorities and directives.	☐ No ☐ Yes
I hereby acknowledge that any regulatory filing requirements are solely my responsibility and I am not reliant upon Regents Park Securities Ltd. for any assistance or advice in regard to regulatory filings I may be required to undertake in a foreign jurisdiction.	☐ No ☐ Yes
I hereby acknowledge that any tax obligations I may have are solely my responsibility, that I have sought professional tax counsel and that I am not reliant upon Regents Park Securities Ltd. for taxation advice.	☐ No ☐ Yes
Have any of the directors or controlling persons of the entity been politically exposed? (If the response is affirmative please provide further details).	☐ No ☐ Yes

Signature

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Date	/ / (dd/mm/yyyy)
Your Full Name	

Authorised and regulated by the Financial Conduct Authority. Firm reference no: 767767.
Regents Park Securities is a limited company registered in England and Wales. Registered number: 10094274. Registered office address: 77 New Cavendish Street, London, United Kingdom, W1W 6XB. VAT Registration 287 8398 27.