



**Seven Markets LTD.
Commonwealth Trust Limited
Drake Chambers, Tortola
British Virgin Island
Email: admin@sevenmarketsfx.com**

For Official Use Only	
A/C No.	_____
Date	_____
Deposit	_____
Margin	_____
Commission	_____
Reseller	_____
Admin	_____

The information below must be completed in FULL.

ACCOUNT APPLICATION

Account Type (please check one only): Individual Account Joint Account Corporate Account (Name: _____)

Platform Type (please check one only): USD 50K USD Small EUR 50K EUR Small JPY 50K * JPY Small * If Corporate, Tax ID # _____

* Platforms – account must be funded in the server currency only

Please select a PASSWORD (4 to 10 characters) _____ Security Question: <input type="checkbox"/> What is your first pet's name? <input type="checkbox"/> What was the first street you lived on? <input type="checkbox"/> What is your nickname? <input type="checkbox"/> What is your Mother's maiden name? Answer: _____	Email Address: _____ <i>This will be the primary method used to contact you.</i> Preferred Language: _____
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BASIC INFORMATION

This information must be completed for each participant in the account, individually, jointly, by all general partners and by the corporate officers authorized to make trading decisions for the account. Any party of a joint account may singly have full authority on the account, including but not limited to, trading rights and withdrawal rights. For the purpose of this document the term "Trader" always refers to the entity for which this application has been made, regardless of legal description. Please type or print clearly.

1 Primary Account Holder Last (Sur) Name: _____ First (Given) Name: _____ Middle Name: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Other		Joint Account Holder Last (Sur) Name: _____ First (Given) Name: _____ Middle Name: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Other	
2 Passport, Driver's License (Please attach a copy)		Passport, Driver's License (Please attach a copy)	
3 Date of birth (MM / DD / YY) _____	Citizenship _____	Date of birth (MM / DD / YY) _____	Citizenship _____
4 Home address (Please attach proof of address) (P.O.BOX may not be accepted) No. and Name of Street _____ City _____ State _____ Postal/Zip Code _____ Country _____ Home telephone no. _____ Home fax no. _____ Mobile Phone no. _____			

5 Employment Details Employed Self-employed Professional Retired Unemployed If unemployed, please review "High Risk Investment Notice" on Page 11

Name of current employer	Nature of business	Occupation	Years with current employer
Business address		Business Telephone no.	

6 Banking information

Bank Name	Bank address
Bank Account Number	Bank Account Holder's Name - Beneficiary <small>(Should be same as your name(s) appearing on this Application)</small>
SWIFT Code or ABA Number	Person to Contact at Bank

FINANCIAL INFORMATION (for Joint Account, please use combined financial information)

<p>1. What is your total 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 <small>(If your annual income is less than \$25,000, please review "High Risk Investment Notice" on Page 11.)</small></p> <p>2. 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 <small>(If your net worth is less than \$50,000, please review "High Risk Investment Notice" on Page 11.)</small></p> <p>3. (If your net worth is less than \$50,000, please review "High Risk Investment Notice") <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</p>	<p>4. Have you ever declared bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If Yes, provide date and details (attach letter if necessary)</small> _____</p> <p>5. Will any person other than Trader control, manage, or direct the trading in this account? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If yes, please complete Limited Power of Attorney Form.</small></p> <p>6. Do you have or have you ever had any other account(s) with SevenMarkets? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If Yes, Account Number(s): _____</small></p>
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TRADING EXPERIENCE

1. Do you have experience trading securities:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Years _____
2. Do you have experience trading options?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Years _____
3. Do you have experience trading commodities?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Years _____
4. Do you have experience trading futures?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Years _____
5. Do you have experience trading currencies through interbank or OTC foreign exchange?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Years _____

If you do not have any prior trading experience, please review "High Risk Investment Notice" on Page 11

SIGNATURE

PLEASE ACKNOWLEDGE YOUR AGREEMENT AND UNDERSTANDING OF EACH OF THESE SPECIFIC DISCLOSURES OF THE CLIENT AGREEMENT BY CHECKING THE APPROPRIATE BOX NEXT TO EACH DISCLOSURE TITLE.

				Primary Account Holder	Joint Account Holder
1.	Risk Disclosure Statement	Pág. 1	Required	<input type="checkbox"/>	<input type="checkbox"/>
2.	Notice to Traders	Pág. 2	Required	<input type="checkbox"/>	<input type="checkbox"/>
3.	Trader Agreement	Pág. 4	Required	<input type="checkbox"/>	<input type="checkbox"/>
4.	FX Agreement	Pág. 10	Required	<input type="checkbox"/>	<input type="checkbox"/>
5.	Lending Agreement	Pág. 11	Required	<input type="checkbox"/>	<input type="checkbox"/>
6.	High Risk Investment	Pág. 11	Required	<input type="checkbox"/>	<input type="checkbox"/>
7.	Authorization to Transfer Funds	Pág. 11	Required	<input type="checkbox"/>	<input type="checkbox"/>
8.	Consent to Electronic Transmission of Confirmations & Account Statements	Pág. 11	Required	<input type="checkbox"/>	<input type="checkbox"/>

REFERRAL

How did you hear about Seven Markets? Magazine Online Ad Friend Referral Agent
 Newspaper Seminar Search Engine Referral Agent Name: _____

CUSTOMER INFORMATION. I hereby represent that the information provided by me on the customer information section on page 6 of this packet is true and correct. I further represent that I will notify SEVENMARKETS of any material changes in writing. SEVENMARKETS reserves the right, but has no duty, to verify the accuracy of information provided, and to contact such bankers, brokers and others as it deems necessary.

THIS IS A CONTRACTUAL AGREEMENT. YOU WILL BE BOUND HEREBY. DO NOT SIGN UNTIL YOU HAVE READ ALL OF THE FOREGOING CAREFULLY.

I acknowledge that this Client Agreement is a legally binding contractual agreement. I have read the Client Agreement carefully, and by signing, I agree to be bound by every term and condition, including the items listed above. No modification of this Client Agreement is valid unless accepted by SEVENMARKETS in writing. I confirm that I have received a full set of account documents and I have not made any alterations or deletions to this agreement or any such documents from the original forms. In the event that there are any alterations or deletions to this agreement such alteration and deletions shall not be binding on SEVENMARKETS and said original forms shall govern Trader account relationship with SEVENMARKETS.

Primary Account Holder Signature:

Print Client Name: _____

Date (MM/DD/YY): _____

Joint Account Holder Signature:

Print Client Name: _____

Date (MM/DD/YY): _____

To aid the government's fight against the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. Therefore, we are required to obtain your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

PLEASE NOTE ALL APPLICATIONS MUST BE ACCOMPANIED BY:

1. A PHOTOCOPY OF YOUR PASSPORT or DRIVER'S LICENSE
2. A PHOTOCOPY OF PROOF OF ADDRESS (i.e. A COPY OF UTILITY BILL OR BANK STATEMENT)

Upon processing of the account application, you will be contacted via E-mail.
 Please ensure application is complete and legible to avoid errors or delays in processing.