CORPORATE APPLICATION

Note: All fields in Sections A-D are mandatory. Please fill in all the fields in this form. Write "N/A" where not applicable. Incomplete applications may delay the onboarding process.

A. COMPANY INFORMATION				
1. Public Account ID for Corporate verification (ICO, ID):				
Basic Company Information Legal Name of Entity:				
3. Registration Type (indicate with an X next to the registration type): Corporation Individual/Sole Proprietorship Limited Liability Company (LLC) Non-Profit Trust Unincorporated Association Partnership	4. Is this a publicly-traded company? Yes No If yes, which stock exchange or regulated financial market is the company is listed on:			
5. Business Address (no PO boxes) Address 1: Address 2: City: Province/State/Region:				
6. Business Website: 7. Business Telephone: 8. Business Contact Email:	9. Industry: 10. Goods and Services (please be specific):			
11. Business Registration Information Enter your government-issued business registration or to Please provide a copy of your corporate formation document Date of Formation (YYYY-MM-DD):				
12. Do you intend to deposit/withdraw USD from a US batter of the previous question was "No", do you Yes No If yes, in which country is your bank account?	intend to deposit/withdraw fiat (USD, EUR, etc.) at all?			

B. KNOW YOUR CUSTOMER (KYC)

Please indicate below the following:

- > Individual opening the account
- > Account Accessor: All Shareholders, Directors and Authorised Representatives who will have access to the account and act on behalf of the Company
- > Control: All individuals who exercise significant control over operating the Company. This may be the majority Shareholder or Chief Executive Officer, Chief Operating Officer, etc.
- Beneficial Owner: All individuals who directly or indirectly hold 25% or more equity, share, or voting rights of the Company.
 - If no individual directly or indirectly owns 25% or more equity, share, or voting rights of the Company please specify the individual who exercises significant control over operating the Company.
 - If another business entity owns 25% or more equity or shares of the Company, please specify that company and detail the indirect ownership of the company for all individuals who meet the above

requiremen	·	or the con	ipany for all individuals who meet the above
Documentation Requiren		A II . I.	
The <u>corporate entity</u> mus			iduals listed below must provide the following:
•	re Registry or similar		Government-issued Identification Card
document displa	• •		Proof of Residence Document
If owned by ano	ther entity, a Corporate		
Structure docum	nent displaying ownership		
Proof of Busines	ss Address		
Individual Opening the A	ccount		
Full Name:		Date of	Birth (YYYY-MM-DD):
Address 1:			
Address 2:			
City:		Postal Co	ode:
Province/State/Region: _		Country:	
Email:		Telephon	ne:
Citizenship (Nationality):		ID Numb	er (SSN for US):
Ownership Percentage (%	6):	Title (Pos	sition):
Account Accessor			
Full Name:		Date of	Birth (YYYY-MM-DD):
Address 1:			
Address 2:			
City:		Postal Co	ode:
Province/State/Region: _		Country:	
Email:		Telephon	ne:
Citizenship (Nationality):		ID Numb	er (SSN for US):
Ownership Percentage (%	6):	Title (Pos	sition):

Select at least one			
Control	Beneficial Owner	Account Accessor (additional)	
Full Name:		Date of Birth (YYYY-MM-DD):	
Address 1:			
Address 2:			
City:		Postal Code:	
Province/State/Region:		Country:	
Email:		Telephone:	
Citizenship (Nationality):		ID Number (SSN for US):	
Ownership Percentage (%): _		Title (Position):	
Select at least one			
Control	Beneficial Owner	Account Accessor (additional)	
Full Name:		Date of Birth (YYYY-MM-DD):	
Address 1:			
Address 2:			
City:		Postal Code:	
Province/State/Region:		Country:	
Email:		Telephone:	
Citizenship (Nationality):		ID Number (SSN for US):	
Ownership Percentage (%): _		Title (Position):	
Select at least one			
Select at least one Control	Beneficial Owner	Account Accessor (additional)	
Control		Date of Birth (YYYY-MM-DD):	
Control Full Name:		Date of Birth (YYYY-MM-DD):	
Control Full Name:		Date of Birth (YYYY-MM-DD):	
Control Full Name: Address 1: Address 2:		Date of Birth (YYYY-MM-DD):	
Control Full Name: Address 1: Address 2: City:		Date of Birth (YYYY-MM-DD):	
Control Full Name: Address 1: Address 2: City: Province/State/Region:		Postal Code:	
Control Full Name: Address 1: Address 2: City: Province/State/Region: Email:		Postal Code: Country: Telephone: ID Number (SSN for US):	
Control Full Name: Address 1: Address 2: City: Province/State/Region: Email: Citizenship (Nationality):		Postal Code: Country: Telephone: ID Number (SSN for US):	
Control Full Name: Address 1: Address 2: City: Province/State/Region: Email: Citizenship (Nationality): Ownership Percentage (%):		Postal Code: Country: Telephone: ID Number (SSN for US):	
Control Full Name:	Beneficial Owner	Postal Code: Country: Telephone: ID Number (SSN for US): Title (Position):	
Control Full Name:	Beneficial Owner	Postal Code: Country: Telephone: ID Number (SSN for US): Title (Position):	
Control Full Name:	Beneficial Owner	Postal Code: Country: Telephone: ID Number (SSN for US): Title (Position): Account Accessor (additional) Date of Birth (YYYY-MM-DD):	
Control Full Name: Address 1: Address 2: City: Province/State/Region: Email: Citizenship (Nationality): Ownership Percentage (%): Select at least one	Beneficial Owner	Postal Code: Country: Telephone: ID Number (SSN for US): Title (Position): Account Accessor (additional) Date of Birth (YYYY-MM-DD):	
Control Full Name:	Beneficial Owner	Postal Code: Country: Telephone: ID Number (SSN for US): Title (Position): Account Accessor (additional) Date of Birth (YYYY-MM-DD):	
Control Full Name:	Beneficial Owner	Postal Code: Country: Telephone: ID Number (SSN for US): Title (Position): Account Accessor (additional) Date of Birth (YYYY-MM-DD): Postal Code:	
Control Full Name:	Beneficial Owner	Postal Code: Telephone: ID Number (SSN for US): Title (Position): Account Accessor (additional) Date of Birth (YYYY-MM-DD): Postal Code: Country:	

C. FINANCIALS					
Why do you want a business account? (check at least one) To you may business book account.	2. Does your company operate as a financial institution, a financial remitter, or is in the business of accepting or				
To use my business bank account	transmitting funds, investing funds, or managing funds				
To accept/make payments in cryptocurrency with	for clients? (If you offer cryptocurrency reselling				
my business	services, then the answer should probably be 'Yes'):				
To invest my company funds in cryptocurrency	Yes No				
To offer cryptocurrency reselling services	If yes, attach the AML Questionnaire and your company's				
Other (please explain):	AML Policy				
3. Liquid Net Worth (please check one, specify currency):	4. Net Worth (please check one, specify currency):				
\$0 - \$500,000	\$0 - \$500,000				
\$500,001 - \$2,000,000	\$500,001 - \$2,000,000				
\$2,000,001 - \$5,000,000	\$2,000,001 - \$5,000,000				
\$5,000,000 - \$10,000,000 USD	\$5,000,000 - \$10,000,000 USD				
\$10,000,001+ Other:	\$10,000,001+ Other:				
5. Expected sum of monthly deposits (please also specify	currency):				
6. Expected sum of monthly withdrawals (please also spe	cify currency):				
7. Expected monthly trade activity (number of trades):					
8. Do you plan to engage in arbitrage trading?					
9. Do you plan to engage in margin trading?					
10. Source of Funds					
Please clarify the source of funds for the intended deposit(s):					
D DOLITICALLY EX	VROCED REPEONS				

D. POLITICALLY EXPOSED PERSONS		
1. Are any of the business owners (owning 25% or more of the company) politically exposed	Yes	
persons? e.g – Are they senior military, government, or political officials, or relatives or associates of such officials?		

E. FEEDBACK - QUESTIONS OR COMMENTS?