

IMPORTANT INFORMATION

StoneX Financial Pte. Ltd. (“SFP”) holds a Capital Markets Services license with the Monetary Authority of Singapore (“MAS”) and is obliged to carry out due diligence and tax residency status in order to comply with the various MAS regulatory instruments, “Singapore Income Tax Act (Chapter 134)” and related regulations including “Income Tax (International Tax Compliance Agreements) (United States of America) Regulations 2015 (Foreign Account Tax Compliance Act) (FATCA)” and “Income Tax (International Tax Compliance Agreements) (Common Reporting Standard) Regulation 2016 (CRS)” on all prospective Customers prior to our business engagement. SFP undertakes to maintain all information strictly confidential in accordance with our Data Privacy Notice; unless otherwise required to be disclosed by Law or as is necessary in the provision of its services.

TYPE OF CAPITAL MARKET PRODUCTS FOR THIS ACCOUNT APPLICATION

Please indicate the relevant capital market product(s) to be traded with the account(s) under this application:

Listed Futures and Options

Contracts-for-Difference (“CFD”)

(For “Assisted Dealing Services”, you are required to be classified as either an “Accredited Investor” or “Expert Investor” or “Institutional Investor”. Please complete the relevant customer classification forms.)

(For “Premier Trading Account Services”, you are required to be classified as either an “Accredited Investor” or “Expert Investor” or “Institutional Investor”. Please complete the relevant customer classification forms.)

SECTION 1A: BACKGROUND INFORMATION ON FINANCIAL INSTITUTION

| | | |
|---|---|--|
| Registered Financial Institution (“FI”) Name | | Legal Entity identifier No. <i>(where applicable)</i> |
| Business Registration No. <i>(where applicable)</i> | | GST (Sales Tax) Registration No. <i>(where applicable)</i> |
| Name of FI’s Regulator | | FI’s Regulated Licence No. |
| Type of Business <input type="checkbox"/> Private Company <input type="checkbox"/> Public Company <input type="checkbox"/> Others <i>(Please specify)</i> | | |
| Registered Address of FI | Address of principal place of business of FI <i>(if different from Registered Address)</i> | Mailing Address of FI <i>(if different from registered and principal place of business)</i> |
| Country of Incorporation/Formation of FI | Date of Incorporation/Formation Select Date | |
| Office Number | Fax Number | |
| Email for general correspondence | FI’s Website | |
| Email for receipt of trading statements only | | |
| Public-listed or owned? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| If yes, which exchange(s)? | | |
| Please provide a brief description of the nature of the FI’s business activities | | |
| Indicate the countries where the FI currently engages in its regulated activities | | |

SECTION 1B: DETAILS OF THE AUTHORISED SIGNATORY COMPLETING THIS CUSTOMER APPLICATION FORM

| | | |
|--|--|------------------------------|
| Full Name of Authorised Signatory <i>(as in National ID including Aliases)</i> | | Date of Birth Select Date |
| Nationality | Identity Document ("ID") Type <i>(National ID, Passport etc.)</i> | Identity Number |
| Residential Address | | |
| Office Number | Personal Contact Number | |
| Email | Job Title | |

SECTION 2: BUSINESS ENGAGEMENT MODEL

| | |
|---|---|
| <p>1. For Intermediaries</p> <p>1a. Are you currently engaged as a regulated intermediary offering dealing services to your customers? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>1b. Will you be operating an omnibus account under your name to facilitate your customers' trades execution? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>1c. Will you be operating any other account(s) on behalf of your customers who will be permitted to transact directly through these account(s) with SFP? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>1d. Will you also be operating a house account to manage your proprietary funds? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p>2. For Fund Managers</p> <p>2a. Are you currently engaged as a regulated fund manager offering discretionary portfolio management services to your customers? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2b. Will you be operating an omnibus account under your name to execute trades on behalf of your customers? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2c. Will you require multiple accounts under your omnibus account to execute trades on behalf of your customers? <input type="checkbox"/> Yes. How many? _____ <input type="checkbox"/> No</p> <p>2d. Will you be operating individual accounts held under individual collective investment schemes which are managed by you? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please ensure that each collective investment scheme completes the Business Entity Customer Due Diligence.</i></p> <p>2e. Will you also be operating a house account to manage your proprietary funds? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
|---|---|

SECTION 3: OWNERSHIP & CONTROLLING PERSONS OF FINANCIAL INSTITUTION

Please complete and tick accordingly:

| No. | Details | | | | Shareholder ¹ | Directors ² | | Partner | UBO ³ |
|-----|---------|--|---------------|-------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | | | | | | Executive | Non-executive | | |
| 1. | Name | | Date of Birth | Select Date | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | Name | | Date of Birth | Select Date | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | Name | | Date of Birth | Select Date | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | Name | | Date of Birth | Select Date | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | Name | | Date of Birth | Select Date | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. | Name | | Date of Birth | Select Date | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. | Name | | Date of Birth | Select Date | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. | Name | | Date of Birth | Select Date | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. | Name | | Date of Birth | Select Date | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. | Name | | Date of Birth | Select Date | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

¹ – Shareholder ⇨ only voting members holding in excess of 25% effective interest of the FI.

² – Director ⇨ including Independent Director or Non-Executive Director of the FI.

³ – Ultimate Beneficial Owner (“UBO”) ⇨ should be an Individual who ultimately owns 25% of the FI unless the UBO is the Government or a Business Entity where no single owner owns more than 25% effective interest. Exclude controlling persons of intermediate holding companies.

SECTION 4A: CONFLICTS OF INTEREST – POLITICALLY EXPOSED PERSONS

The following are the explanations of “politically exposed persons”:

“close associate” means a natural person who is closely connected to a politically exposed person, either socially or professionally;

“family member” means a parent, step-parent, child, step-child, adopted child, spouse, sibling, step-sibling and adopted sibling of the politically exposed person;

“politically exposed person” means a domestic politically exposed person, foreign politically exposed person or international organisation politically exposed person;

“domestic politically exposed person” means a natural person who is or has been entrusted domestically with prominent public functions*;

“foreign politically exposed person” means a natural person who is or has been entrusted with prominent public functions in a foreign country;

“international organisation” means an FI established by formal political agreements between member countries that have the status of international treaties, whose existence is recognised by law in member countries and which is not treated as a resident institutional unit of the country in which it is located;

“international organisation politically exposed person” means a natural person who is or has been entrusted with prominent public functions in an international organisation;

“prominent public functions” includes the roles held by a head of state, a head of government, government ministers, senior civil or public servants, senior judicial or military officials, senior executives of state owned entities, senior political party officials, members of the legislature and senior management of international organisations.

* “prominent public functions” includes the roles held by a head of state, a head of government, government ministers, senior civil or public servants, senior judicial or military officials, senior executives of state owned corporations, senior political party officials, members of the legislature and senior management of international organisations.

1. Is the FI an “international organisation” as detailed above?

No Yes

2. Are any of those listed in Section 3 a “politically exposed person” (“PEP”) or a “family member” of a PEP or a “close associate” of a PEP?

No Yes (provide disclosure below)

| Name of PEP | Relationship to PEP | Role/Occupation of PEP | Name of PEP’s Organisation (including locality) |
|-------------|---------------------|------------------------|--|
| | | | |
| | | | |
| | | | |

SECTION 4B: CONFLICTS OF INTEREST – RELATIONSHIP WITH STAFF OF SFP

Are any of those listed in Section 3 related to any staff in SFP?

No Yes (provide disclosure below)

| Name of Staff | Designation and Department | Relationship |
|---------------|----------------------------|--------------|
| | | |

SECTION 5: DESCRIPTION OF FINANCIAL INSTITUTION'S REGULATED BUSINESS ACTIVITIES

1. Please indicate the primary regulated business activities of the FI:

- Personal Banking Corporate Banking Trade Finance Private Banking/Wealth Management
 Correspondent Banking Fund Management Financial Advisory Capital Markets Intermediary
 Insurance Trusts Companies
 Others (please specify): _____

2. Does the FI or its various entities have branches or subsidiaries located in countries against which the US and/or European Union and/or United Nations have enacted economic sanctions/embargoes? If yes, please indicate countries below.

| S/N | Name of Identified Entity | Name of US, Euro or UN Sanctioned/Trade Embargoed Country |
|-----|---------------------------|---|
| 1. | | |
| 2. | | |
| 3. | | |

3. Please provide a breakdown of the FI's customers by geographical residency:

| S/N | Customers' Geographical Residency | % of Overall Business <i>(Total should add to 100%)</i> |
|-----|-----------------------------------|---|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |

4. Please provide a breakdown of the FI's customers' wealth profile:

| S/N | Customer Wealth Profile | % of Overall Business <i>(Total should add to 100%)</i> |
|-----|---|---|
| 1. | Retail Customers (investing less than SGD 200K) | |
| 2. | Mezzanine Customers (investing more than SGD 200K) | |
| 3. | High Net Worth Customers (investing more than SGD 1 million) | |
| 4. | Corporate Customers | |
| 5. | Complex Structures (Trusts, Foundations, Family Offices etc.) | |
| 6. | Politically Exposed Persons (including their connected persons) | |
| 7. | Others | |

5. Please provide a breakdown of the FI's customers' funding methods:

| S/N | Customer Funding | % of Overall Business <i>(Total should add to 100%)</i> |
|-----|-----------------------------------|---|
| 1. | Cash Funding | |
| 2. | Domestic Bank Cheques | |
| 3. | Local Bank Sponsored Credit Cards | |
| 4. | Local Bank Transfers | |
| 5. | International Bank Transfer | |
| 6. | Other Foreign Credit Cards | |
| 7. | Others | |

6. Please provide a breakdown of the FI's business engagement approaches:

A. Customer Engagement

| S/N | Customer Engagement Process | % of Overall Business <i>(Total should add to 100%)</i> |
|-----|---|---|
| 1. | Face-to-Face with Know Your Customer ("KYC") Fact Finding | |
| 2. | Non-Face-to-Face KYC Fact Finding through the Internet | |

B. Distribution

| S/N | Distribution Channels | % of Overall Business (Total should add to 100%) |
|-----|---|--|
| 1. | Direct to end customers | |
| 2. | Through Domestic FIs under an Omnibus Account | |
| 3. | Through Foreign FIs under an Omnibus Account | |
| 4. | Reliance on Non-FI Third Parties (e.g. Introducers) | |
| 5. | Direct Anonymous or Numbered Accounts | |
| 6. | Others (if more than 20%, please specify) | |
| | | |
| | | |

7. Does the FI provide services to customers in the following industries/sectors:

| S/N | Industries/Sectors | Yes (indicate % of total customers of the FI) | No |
|-----|--|---|--------------------------|
| 1. | Casinos | <input type="checkbox"/> _____ % | <input type="checkbox"/> |
| 2. | Cash Intensive Businesses | <input type="checkbox"/> _____ % | <input type="checkbox"/> |
| 3. | Internet Banking | <input type="checkbox"/> _____ % | <input type="checkbox"/> |
| 4. | Foreign Government Entities | <input type="checkbox"/> _____ % | <input type="checkbox"/> |
| 5. | Politically Exposed Persons (as defined in Section 4A above) | <input type="checkbox"/> _____ % | <input type="checkbox"/> |
| 6. | Money Service Businesses | <input type="checkbox"/> _____ % | <input type="checkbox"/> |
| 7. | Shell Banks | <input type="checkbox"/> _____ % | <input type="checkbox"/> |
| 8. | Other Person/Entities in FATF High Risk Jurisdictions | <input type="checkbox"/> _____ % | <input type="checkbox"/> |

SECTION 6: FINANCIAL INSTITUTION AML RISK ASSESSMENT

Please complete the Wolfsberg Group Financial Crime Compliance Questionnaire (FCCQ).

SECTION 7: TAX RESIDENCY DECLARATION

1. Is the FI **solely** a tax resident of Singapore?

- Yes (no further tax information required) No (proceed to question 2)

2. If not solely a tax resident of Singapore, is the FI a US tax resident⁺?

* You may wish to refer to the US IRS website to confirm your tax residency status (<https://www.irs.gov/individuals/international-taxpayers/alien-taxation-certain-essential-concepts>). If in doubt, please consult your tax adviser independently.

- Yes (complete the details in the FATCA Self Certification Form and proceed to question 3)
- Yes, the FI was a US Person but it confirms it is no longer a US Person. (complete the details in the FATCA Self Certification Form and proceed to question 3)
- No (proceed to question 3)

3. Is the FI a tax resident in multiple jurisdictions (including Singapore) but not a US tax resident?

- Yes (complete the details on CRS Self Certification Form)
- No (proceed to question 4)

4. If the FI is not tax resident in its place of business, please provide reasons below:

SECTION 8: DETAILS OF FINANCIAL INSTITUTION ACCOUNT FUNDING TRADING ACCOUNT[^]

Please disclose the source of funds that will be committed into SFP's services:

| | |
|---|---|
| Name of Remitting Account / Currency | / |
| Name of Remitting Bank* | |
| Account Number of Remitting Bank | |
| SWIFT or IBAN Code of Remitting Bank | |
| Name of Intermediary Bank (if applicable) | |
| SWIFT or IBAN Code of Intermediary Bank | |

* Complete the Standard Settlement Instruction ("SSI") Form if you intend to fund your trading account from more than one bank account.

[^] Please provide a copy of the recent bank statement(s) for the bank account(s) being used to fund the trading account.

SECTION 9: PROVISION OF SUPPORTING DOCUMENTS

For the opening or maintenance of an account by SFP in the name of the customer for the purposes of engaging in business relations; SFP is required to collect and verify information relating to our customers. Please provide us the following information and tick where appropriate to confirm the relevant documents have been provided with this Financial Institution – Customer Application Form:

CHECKLISTS OF DOCUMENTS REQUIRED

A. FI Documents

(i) Formation Documents

(a) Regulatory Licence of FI (mandatory); **AND**

(b) Certificate of Incorporation of FI; **OR**

(c) Others (please specify) _____

(ii) Constitutional Document

(a) Memorandum & Articles of Association of FI; **OR**

(b) Others (please specify) _____

(iii) Financial Report

(a) Latest Audited Financial Statements; **AND**

(b) Latest bank statement(s) – to verify source of fund/ SSI account(s); **AND**

(c) FATCA Form (where applicable); **AND**

(d) CRS Form (where applicable)

(iv) Independent Verification

(a) Official independent business registry for registered businesses; **AND**

(b) Certificate of good standing for offshore companies, special purpose vehicles, etc.; **OR**

(c) Others (please specify) _____

(v) Ownership

(a) Ownership Chart (mandatory); **AND**

(b) Independent Business Registries as per (iv)(a) for ALL intermediate and ultimate holding companies

(vi) Authorisation

(a) Please complete "Extract of Board Resolution" (in SFP format) appointing Authorised Signatories, Authorised Representatives and Authorised Traders

B. Relevant Individual Documents

- (i) Ultimate Beneficial Owners (Individuals) owning more than 25% effective interest in the Entity
- (ii) Controlling Persons (Directors)
- (iii) Authorised Signatories (Persons authorised to sign agreements on behalf of the Entity)

For all the Relevant Individuals above, the documents indicated below must be provided.

- (a) Government issued Identity Document containing ALL the following items:
- Full Name, (including any aliases)
 - National Identification Number
 - Residential Address
 - Date of Birth
 - Nationality
 - Photograph

OR

- (b) Passport & One Address Identifier[#]; **OR**
- (c) Driver's License & One Address Identifier[#]; **OR**
- (d) Other Government issued ID & One Address Identifier[#].

Address Identifier includes any one of the following: (i) Utility Bill, (ii) Bank Statement, (iii) Tax Assessment, (iv) CPF/Pension Statement or (v) Any Official Government-related correspondence.

P.O. box address should only be used for jurisdictions where the residential address (e.g. street name or house number) is not applicable or available in the local context.

Where the above documents are not sighted in-person by SFP staff, they need to be certified by Authorised Signatory(s) or Directors or Lawyers or Notaries unless identity verification has been conducted based on any of the approved "Non-Face-to-Face" ("NFTF") measures. These measures include the provision of 2 or more of the above ID documents or other verification procedures.

FOREIGN ACCOUNT TAX COMPLIANCE ACT ("FATCA") SELF-CERTIFICATION FORM

Foreign Account Tax Compliance Act ("FATCA") is an international standard to gather and exchange financial account information related primarily to US taxpayers. Under FATCA, SFP needs to carry out reviewing procedures and disclose financial account information of account holders who are US Persons to the Inland Revenue Authority of Singapore ("IRAS").

SECTION A: ENTITIES WITH U.S. TIN (If Financial Institution is US incorporated with a US Taxpayer Identification Number)

Is the Financial Institution ("FI") incorporated, established, constituted or organised in the U.S.?

Yes

- Please provide the 9-digit FI US Taxpayer Identification Number (TIN): _____
- Is the FI a Specified U.S. Person? Yes No (form is completed)

No (complete the rest of this form)

SECTION B: CLASSIFICATION

FI's Non-US TIN: _____

Country of TIN: _____

Please tick one of the following statements that best describes the FI.

- Active Non-Financial Foreign Entity¹
- Exempt Beneficial Owner²
- Passive Non-Financial Foreign Entity (NFFE)³ (proceed to Section C)
- Others – The FI does not fall under any of the above statuses.
Please provide a U.S. IRS Form W-8BEN-E/W-8IMY/W-8ECI/W-8EXP.

Notes:

- The FI is not a financial entity, **AND**
 - Its stock is regularly traded on one or more established securities markets; **OR**
 - The Business Entity is a Related Entity of a financial entity the stock of which is regularly traded on an established securities market; **OR**
 - The FI derived less than 50% of its gross income from Passive Income in the previous year and less than 50% of its assets were used to produce Passive Income in the previous year; **OR**
 - Charities registered under the Singapore Charities Act; **OR**
 - Substantially all its business activities consist of
 - holding (wholly or partially) the outstanding share of, **OR**
 - providing financing and services to, one or more subsidiaries that engage in non-financial entity trade/business. However, the FI does not operate as a private equity fund, venture capital fund, leveraged buyout fund, or any investment vehicle whose purpose is to acquire or fund companies and then hold interests in those companies as capital assets for investment purposes.
- The FI is any of the following:
 - Government and government-linked entities (including Singapore Ministries, Statutory Boards, Town Councils)
 - International Organisations
 - Central Bank
 - Qualifying Funds
 - Investment FI wholly owned by exempt beneficial owners.
- The FI is not able to come within the definition of a financial entity, Active NFFE or Exempt Beneficial Owner.

SECTION C: U.S. CONTROLLING PERSONS OF PASSIVE NFFE

Please tick one of the following statements if your FATCA Classification is Passive NFFE:

- None** of the Controlling Persons (whose percentage of ownership is 25% or greater) of the Company is/are U.S. Person(s).
- One or more** of the Controlling Persons (whose percentage of ownership is 25% or greater) of the Company is/are U.S. Persons) details of whom are listed below.

| | US Controlling Person 1 | US Controlling Person 2 | US Controlling Person 3 |
|---------------------------------|--------------------------------|--------------------------------|--------------------------------|
| Name <i>(as in Passport/ID)</i> | | | |
| Passport/ID No. | | | |
| Passport/ID Country | | | |
| US TIN <i>(9 digits)</i> | | | |
| % of ownership | | | |
| Address | | | |
| Country of Residency | | | |

| | US Controlling Person 1 | US Controlling Person 2 | US Controlling Person 3 |
|---------------------------------------|--------------------------------|--------------------------------|--------------------------------|
| Signature of Controlling Person | | | |
| Name of Controlling Person | | | |
| Date | Select Date | Select Date | Select Date |
| Registered Financial Institution Name | | | |

COMMON REPORTING STANDARD ("CRS") SELF-CERTIFICATION FORM

The Common Reporting Standards (CRS) is an internationally agreed standard for automatic exchange of financial account information in tax matters, endorsed by the Organisation for Economic Co-operation and Development (OECD). <http://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-residency/>. The objectives of CRS are to ensure transparency of tax obligations for all persons and to facilitate notification to the relevant tax authorities.

Under the CRS, SFP is required to identify their account holders who are tax residents of other reportable jurisdictions. Relevant account information of these account holders would be reported to the local tax authorities, who would in turn exchange the information with the tax authorities of the participating jurisdictions where the account holders are tax residents.

SECTION A: TAX RESIDENCY OF THE FINANCIAL INSTITUTION ACCOUNTHOLDER

The Financial Institution ("FI") is currently a tax resident in the following list of countries/jurisdictions (include Singapore, if applicable):

| No. | Country(s)/ Jurisdiction(s) of tax residence | TIN | If TIN is unavailable, enter Reason* A, B or C | If Reason B has been selected, please indicate why TIN is not available |
|-----|--|-----|--|---|
| 1. | | | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> | |
| 2. | | | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> | |
| 3. | | | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> | |
| 4. | | | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> | |
| 5. | | | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> | |

*Reason:

A – The FI is resident of a country/jurisdiction which does not issue TINs to its residents.

B – The FI is otherwise unable to obtain a TIN or equivalent number. (Please explain why the FI is unable to obtain a TIN if this reason is selected.)

C – TIN is not required. (Note: To be selected only if the law of the country of tax residence stated above does not require the TIN to be collected.)

If the FI is not tax resident in any country/jurisdiction (e.g. because it is fiscally transparent), please provide its place of effective management or jurisdiction in which its principal office is located: _____

SECTION B: CLASSIFICATION OF FINANCIAL INSTITUTION ACCOUNTHOLDER

Please tick one of the following statements that best describes the FI:

| Part 1 | |
|--------------------------|---|
| <input type="checkbox"/> | 1A. FI - Investment FI (i) An Investment FI located in a Non-Participating Jurisdiction and managed by another FI <i>(Note: if ticking this box please also complete the Controlling Persons in Part 2 below.)</i> (ii) Other Investment FI |
| <input type="checkbox"/> | 1B. FI - Depository Institution, Custodial Institution or Specified Insurance Company If (i) or (ii) above have been ticked, please provide, if held, the corresponding Global Intermediary Identification Number ("GIIN") obtained for FATCA purposes. GIIN: _____ |
| <input type="checkbox"/> | 1C. Active Non-Financial Entity (Active NFE) – a financial entity the stock of which is regularly traded on an established securities market or a financial entity which is a related entity of such a financial entity Name of established securities market on which the FI is regularly traded: _____ If the FI is a Related Entity of a regularly traded FI, please provide the name of the regularly traded FI that the FI for which this form is completed is a Related Entity of: _____ |
| <input type="checkbox"/> | 1D. Active NFE - a Government FI or Central Bank |
| <input type="checkbox"/> | 1E. Active NFE - an International Organisation |
| <input type="checkbox"/> | 1F. Active NFE (others - for example, a start-up NFE or a non-profit NFE) |
| <input type="checkbox"/> | 1G. The FI is a Passive Non-Financial Entity (Passive NFE) <i>(Note: if ticking this box please also complete the Controlling Persons in Part 2 below.)</i> |

| Part 2 | | | |
|--|--|--|--|
| | Controlling Person 1 | Controlling Person 2 | Controlling Person 3 |
| Name (as in Passport/ID) | | | |
| Passport/ID No. | | | |
| Passport/ID Country | | | |
| Date of Birth | Select Date | Select Date | Select Date |
| Country of Birth | | | |
| % of ownership | | | |
| Address | | | |
| Tax resident in Singapore? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| TIN | | | |
| Tax resident in any other country other than Singapore? (if Yes, list below) | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Controlling Person 1

| No. | Country(ies)/ Jurisdiction(s) of tax residence | TIN | If TIN is unavailable, enter Reason* A, B or C | If Reason B has been selected, please indicate why TIN is not available |
|-----|--|-----|--|---|
| 1. | | | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> | |
| 2. | | | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> | |
| 3. | | | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> | |
| 4. | | | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> | |
| 5. | | | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> | |

Controlling Person 2

| No. | Country(ies)/ Jurisdiction(s) of tax residence | TIN | If TIN is unavailable, enter Reason* A, B or C | If Reason B has been selected, please indicate why TIN is not available |
|-----|--|-----|--|---|
| 1. | | | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> | |
| 2. | | | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> | |
| 3. | | | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> | |
| 4. | | | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> | |
| 5. | | | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> | |

Controlling Person 3

| No. | Country(ies)/ Jurisdiction(s) of tax residence | TIN | If TIN is unavailable, enter Reason* A, B or C | If Reason B has been selected, please indicate why TIN is not available |
|-----|--|-----|--|---|
| 1. | | | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> | |
| 2. | | | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> | |
| 3. | | | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> | |
| 4. | | | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> | |
| 5. | | | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> | |

| | Controlling Person 1 | Controlling Person 2 | Controlling Person 3 |
|---------------------------------------|----------------------|----------------------|----------------------|
| Signature of Controlling Person | | | |
| Name of Controlling Person | | | |
| Date | Select Date | Select Date | Select Date |
| Registered Financial Institution Name | | | |

STANDARD SETTLEMENT INSTRUCTION FORM (You only need to complete this form if you intend to fund your trading account from more than one bank account.)[^]

Registered FI Name: _____

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|---|---|
| Name of Remitting Account / Currency | / |
| Name of Remitting Bank | |
| Account Number of Remitting Bank | |
| SWIFT or IBAN Code of Remitting Bank | |
| Name of Intermediary Bank <i>(if applicable)</i> / SWIFT or IBAN Code of Intermediary Bank | / |

| | |
|---|---|
| Name of Remitting Account / Currency | / |
| Name of Remitting Bank | |
| Account Number of Remitting Bank | |
| SWIFT or IBAN Code of Remitting Bank | |
| Name of Intermediary Bank <i>(if applicable)</i> / SWIFT or IBAN Code of Intermediary Bank | / |

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|---|---|
| Name of Remitting Account / Currency | / |
| Name of Remitting Bank | |
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| SWIFT or IBAN Code of Remitting Bank | |
| Name of Intermediary Bank <i>(if applicable)</i> / SWIFT or IBAN Code of Intermediary Bank | / |

[^] Please provide a copy of the recent bank statement(s) for the bank account(s) being used to fund the trading account.

DECLARATION

• We confirm and declare that all of the information that has been provided as indicated below *(please tick where applicable)*:

1. Financial Institution Account - Customer Application Form *(including supporting documents)*
2. Tax Residency Status Declaration
 - a. Foreign Account Tax Compliance Act (FATCA) Self-Certification Form
 - b. Common Reporting Standard (CRS) Self-Certification Form
3. Standard Settlement Instruction (SSI)
4. Extract of Board Resolution
5. Wolfsberg Group Financial Crime Compliance Questionnaire

is complete, current and accurate.

- We undertake to notify SFP in writing of any change in circumstances that causes any certification on this form to become incorrect and to provide an appropriately updated form within 30 days of such change.
- We undertake to immediately notify SFP in writing if there are any changes to the “Ownership and Controlling Persons of Entity” (“Controlling Persons”) as provided in Section 3 of the Financial Institution Account – Customer Application Form.
- We further undertake to provide such documents as SFP may require from time to time in its sole discretion for the purpose of SFP validating the information relating to the Controlling Persons.
- Without prejudice to any other rights or remedies SFP may otherwise have, we shall indemnify, keep indemnified and hold SFP harmless against any and all liabilities, actions, claims, losses, damages, costs and expenses (including but not limited to legal costs on a full indemnity basis) suffered or incurred by SFP as a result of, or in connection with, the information being inaccurate, outdated or untrue.
- We acknowledge that a failure on our part to provide accurate and timely information pursuant to SFP's obligations may result in SFP taking necessary measures and actions including but not limited to as provided in the Regulations and all applicable laws relating to the same.
- We are aware of the risks associated with investing and understand all forms of investments carry risks, including the risk of losing more than the invested amount and that such activities may not be suitable for everyone.
- We have read, understood and agree to the terms and conditions comprised in the SFP Customer Agreement that shall apply to and govern:
 - (a) each Account¹ currently requested for;
 - (b) all Accounts¹ opened and currently maintained; and
 - (c) all Accounts subsequently opened or established, with SFP and in respect of all Transactions¹ and Services¹.
- By signing this Declaration, we agree to enter into and be bound by all the terms and conditions set out within the SFP Customer Agreement and the Customer Application Form (including all other documents, supporting information and/or forms required to be completed as part of this Customer Application Form).

¹ as defined in the SFP Customer Agreement.

| | | |
|---------------------------------------|-------------|-----------------------------|
| Registered Financial Institution Name | | AFFIX COMPANY STAMP: |
| Name of Authorised Signatory | | |
| Signature of Authorised Signatory | | |
| Date | Select Date | |

Attention: Customer Onboarding Desk
 STONEX FINANCIAL PTE. LTD.
 One Raffles Place
 #18-61 Tower 2
 Singapore 048616
 Email: Onboarding.Asia@StoneX.com
 Business Registration No. 201130598R