



Alpari (US), LLC
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ACCOUNT APPLICATION FORM

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

Account Type (please check one only): Retail Micro

If Corporate, Tax ID#: _____

Please select a PASSWORD (4 to 10 characters):	Home phone number:
Preferred Language:	

Email Address:

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Please complete your e-mail address clearly. This will be the primary method for contacting you.

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 the document the term "Customer" always refers to the entity for which this application has been made, regardless of legal description. Please type or print clearly.

PRIMARY ACCOUNT HOLDER

Last Name:	First Name:	Middle Name:
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Address: (Please attach proof of address) (P.O. Box may not be accepted)

City:	State:	Postal/Zip Code	Country:
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Gender:	Marital Status:	Passport, Driver's License or Social Security # (Please attach a copy) U. S. Customers must provide Social Security #.	Date of birth (MM/DD/YYYY) ____/____/____	Citizenship:
<input type="checkbox"/> Male	<input type="checkbox"/> Single			
<input type="checkbox"/> Female	<input type="checkbox"/> Married			

JOINT ACCOUNT HOLDER (if applicable)

Last Name:	First Name:	Middle Name:
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Address: (Please attach proof of address) (P.O. Box may not be accepted)

City:	State:	Postal/Zip Code	Country:
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Gender:	Marital Status:	Passport, Driver's License or Social Security # (Please attach a copy) U. S. Customers must provide Social Security #.	Date of birth (MM/DD/YYYY) ____/____/____	Citizenship:
<input type="checkbox"/> Male	<input type="checkbox"/> Single			
<input type="checkbox"/> Female	<input type="checkbox"/> Married			

EMPLOYMENT

Employed Self-employed Retired Unemployed (If Unemployed or Retired please review "Supplementary Risk Disclosure")

Name of current employer	Type of Business	Occupation	Years with current employer
Employer address		Employer phone number	

BANKING INFORMATION

Bank name:	Bank address:
Account number:	Account holder's name – beneficiary (should be the same as the name(s) appearing on this application)
Swift Code of ABA number	Contact person 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-\$49,000 <input type="checkbox"/> \$50,000-\$99,999 <input type="checkbox"/> \$100,000-\$249,000 <input type="checkbox"/> \$250,000-\$1,000,000 <input type="checkbox"/> Over \$1,000,000 (If your annual income is less than \$25,000, please review "Supplementary Risk Disclosure")</p> <p>2. Net worth (assets minus liabilities)? <input type="checkbox"/> Under \$25,000 <input type="checkbox"/> \$25,000-\$49,000 <input type="checkbox"/> \$50,000-\$99,999 <input type="checkbox"/> \$100,000-\$249,000 <input type="checkbox"/> \$250,000-\$1,000,000 <input type="checkbox"/> Over \$1,000,000 (If your net worth is less than \$50,000, please review "Supplementary Risk Disclosure.")</p> <p>3. Liquid assets (assets that can be quickly converted to cash)? <input type="checkbox"/> Under \$25,000 <input type="checkbox"/> \$25,000-\$49,000 <input type="checkbox"/> \$50,000-\$99,999 <input type="checkbox"/> \$100,000-\$249,000 <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 If Yes, provide date and details (attach letter if necessary) _____ _____</p> <p>5. Will any person other than Customer control, manage, or direct the trading in this account? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes please complete Limited Power of Attorney Form.</p> <p>6. Do you have or have you ever had any other account(s) with Alpari ? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Account Number(s) _____</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 "Supplementary Risk Disclosure" .

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. Forex Customer Agreement	Required	<input type="checkbox"/>	<input type="checkbox"/>
2. Risk Disclosure Statement including the disclosure at Paragraph 1(a) "Alpari Acts As A Counterparty"	Required	<input type="checkbox"/>	<input type="checkbox"/>
3. Secondary Risk Disclosure (High Risk Investment)	Required	<input type="checkbox"/>	<input type="checkbox"/>
4. Social Security or Tax ID certification	Required	<input type="checkbox"/>	<input type="checkbox"/>
5. Authorization to Transfer Funds	Required	<input type="checkbox"/>	<input type="checkbox"/>
6. Consent to Electronic Statements	Required	<input type="checkbox"/>	<input type="checkbox"/>
7. Security Agreement	Required	<input type="checkbox"/>	<input type="checkbox"/>
8. Terms of Business	Required	<input type="checkbox"/>	<input type="checkbox"/>

PROMOTIONAL CODE

If you have received a promotional code, please indicate the code in the space provided. Code _____

REFERRAL

How did you hear about ALPARI (US) LLC? Magazine Online Ad Friend
 Newspaper Seminar Search Engine

CUSTOMER INFORMATION. I hereby represent that the information provided by me on the customer information section of this packet is true and correct. I further represent that I will notify ALPARI (US) LLC of any material changes in writing. ALPARI (US) LLC 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 Customer Agreement carefully, and by signing, I agree to be bound by every term and condition, including the items listed above. No modification of the Customer Agreement is valid unless accepted by ALPARI (US) LLC 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 alterations and deletions shall not be binding on ALPARI (US) LLC and said original forms shall govern Customer's Trading Account relationship with ALPARI (US) LLC.

<p>Primary Account Holder Signature:</p> <hr/> <p>Print Name: _____</p> <p>Date (MM/DD/YYYY): _____</p>	<p>Joint Account Holder Signature (if applicable):</p> <hr/> <p>Print Name: _____</p> <p>Date (MM/DD/YYYY): _____</p>
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