

☐ ☐ ☐ - ☐ ☐ ☐ ☐

Print your answers below clearly

NEW APPLICATION FORM

➔ Account Holder(s) Information

Name of primary account holder:

As it shows on passport / Other ID

Full residential address:

Include post / zip code and country
PO Box are NOT allowed

Full mailing address:

Complete in full OR
Use my residential address ☐
Home telephone number:

Include country and area code

Cell Phone number:

Include country code

Email address:
Date of birth:
Nationality:
Occupation:
Office phone number:
Employer:

Self employed ☐
Office fax number:
Secondary account holder:
☐ YES ☐ NO

Relationship with primary acc.
☐ Spouse ☐ Family ☐ Friend ☐ Other (Please specify)

Name of secondary acc. holder:

As it shows on passport / Other ID

Full residential address:

Include post / zip code and country
PO Box are NOT allowed

Home telephone number:

Include country and area code

➔ Financial Information

Yearly income: Exclude applicable income tax (USD)

☐ \$0 - \$75K ☐ \$75K - \$150K ☐ \$150K - \$400K ☐ \$400K - \$1,000,000 ☐ \$1,000,000 +

Net worth: Exclude primary residence (USD)

☐ \$0 - \$75K ☐ \$75K - \$150K ☐ \$150K - \$400K ☐ \$400K - \$1,000,000 ☐ \$1,000,000 +

Liquid net worth: (USD)

☐ \$0 - \$75K ☐ \$75K - \$150K ☐ \$150K - \$400K ☐ \$400K - \$1,000,000 ☐ \$1,000,000 +

Outstanding debt: (USD)

☐ \$0 - \$75K ☐ \$75K - \$150K ☐ \$150K - \$400K ☐ \$400K - \$1,000,000 ☐ \$1,000,000 +

→ New Investors

This is my first investment: ☐ YES ☐ NO

Please list your investment objectives:

If you select more than one objective, please select a letter to prioritize their importance. A most important.

<input type="checkbox"/> Long term growth with safety	A B C D E
<input type="checkbox"/> Short term growth with high risk	A B C D E
<input type="checkbox"/> Speculation (Investment value increased - High risk)	A B C D E
<input type="checkbox"/> Income (proceeds used as an income source)	A B C D E
<input type="checkbox"/> Growth and income (preserve your capital)	A B C D E
<input type="checkbox"/> Long term growth with greater risk	A B C D E

If this is your first time investing you may leave the following section blank

→ Experienced Investors

I currently hold investments ☐ YES ☐ NO and have been trading (____) years

If YES select which type of investment

☐ Options ☐ Stocks ☐ Bonds ☐ Commodities ☐ Other (specify)

TRADING ACCOUNT – CLIENT AGREEMENT

1. Contained in this agreement are the terms applicable to the account owner named on this application (client) for purchasing and selling of stocks, options, bonds, securities and private placements by 'ORIL' – Optimal Result Investments Limited.
2. All transactions undertaken on behalf of the client are subject to regulations, rules, constitution, and industry practice in relation to the exchanges and clearing houses. Client acknowledges that securities can fluctuate in value depending on trading conditions.
3. Instructions from the client will be either verbal or written concerning transactions that ORIL will carry out on behalf of client.
4. All written correspondence to client shall be accepted as accurate, unless written objection is immediate, or not longer than 3 days from initial receipt, sent to ORIL by registered mail. All confirmations of trading transactions will be sent by fax, electronic mail (email), or private courier. Ordinary correspondence will be sent by fax, electronic mail (email), or airmail. Any change of clients mailing address must be notified to ORIL in writing.
5. Currency "Slip" notices (buy/sell order on trade confirmation) are quoted in the currency applicable to country where the shares are traded and in currency of client resident country ORIL is not responsible in any way for any losses and/or damages suffered by exchange rate fluctuation.
6. The directors and/or officers of ORIL cannot be held responsible or liable for any loss and/or damages incurred by client.
7. The "Trading Account - Client Agreement" can be terminated by ORIL or client within any thirty (30) days period in writing only with the commencement date the receiving time of the written notice by the party not causing / requesting the termination. When such period is expired, ORIL has obligation to send to client any proceeds of sales made under "best effort" situation, or actual share certificates.



☐ I agree to the terms set in the TRADING ACCOUNT - CLIENT AGREEMENT (you are required to check this box indicating your acceptance of the terms in order for us to begin your account SETUP. Failure to check this box will result in your having to resubmit this form with your acceptance.

Primary Account Holder

Secondary Account Holder

Full name: _____ Date: _____ Full name: _____ Date: _____

Signature: _____ Signature: _____