



MONEY BETTER

TRUST APPLICATION FORM

FESFDPNQIFUJOHUIJTBNQJDBUJPOESNQIFBTFOTVSFUIBUPVIBWFPUBJOFEBOESFBEUIFJOESNBUJPOSFHBSEJOHUIFSPEVDUT
BOETFSWJDFTSPWJEFEC4.%BVSJUJVTUEi.%BOEBMMSFMFWBOUUFSTBOEEMJDJFTNBEFBWBJMBCMFBEOVEBUBUFEPN
UJNFUPUJNFPOPVSFCTJUFENBNVDPN0ODFDPNQIFUFEUIJTBSNBOEBOTVPSUJOHEPDVNFOUTTIPVMECFTFOUUP %
BUUIFCVTJOFTTBEEESFTTCFMPPSBMUFSOBUJWFMOQIFBTFNBJMBTDBOOFEDPQPBNQJDBUJJPOTENBNVDPN

1&&1&&03.*%0,85&4/%,-036&,*5&4.3,8&5).645&307*%&

~~8.5**30%~~

*OBDDPSEBODFJUIUIF&SPEBO.BSLFUT*O&BTUSVDUVSF3FHVMBUJJPOT&3BMMDPSESBUFFOUJUJFT
PE&BUJOHJUIJOUIF&FOUFSJOHJOUPEFSJWBUIJWFUSBOTBDUJJPOTBSFSFRVJSFEUP&PWJEFBWBWBMJE&DPEFJO
PSEFSUPNFFUUIF&3SFE&SUJOHPCMJHBUJJPOT1MFBTFOPUFUIBUJGIFFOUJUEPFTOPUIBWF BWBMJE&
DPEFPSBWBWBMJE&DPEFJTOPUS&PWJEFEJOUIJTBQJDBUJPOBOUSBEJOHBDDPVOUNBOPUCF&SNJUUF&EUP
FOUFSJOUPEFSJWBUIJWFUSBOTBDUJJPOT&DPEFTBSFJTTFECPDBM0&ESBUJOH6OJUT06TJUIJOPVSBSFB
PK&VSJTEJDUJPO

5

5PDPNQJUIUIF&PSFJHODDPVOU5BYPNQJIBODFDU5%TSFRVJSFEUP PCUBJOB64UBY
DFSUJQ&BUBF8PS8TFSJFTBTB&PS&BUBF&PNBMMDMJFOUT8JUIPVUUIF B&PS&BUBFUBYDFSUJQ&BUBFJO
QIBDFFJMMOPUCFBCMFUP&PWJEFBOBDDPVOU
PSBOPWFSWJFP&BMMBWBJMBCMFB&SNT.%JUSPOHMSFDPNNFOETUIBUPVWJTJUUIF*34FCTJUFPS
DPOTVMUPVSFYUFSOBMUBYBEWJTPS

DDDr&UvUv UD•
uvPvEW
v&vW

ALL ITEMS WITH * MUST BE PROVIDED.

Part 1 | Trust Details

*Trust Name: (as on Trust Deed)

*Contact E-mail Address:

*Correspondence Address:

*Contact Telephone No.:

*Postcode:

*Country of Establishment:

*Legal Entity Identifier Code (LEI):

*Country of Residence for Tax Purposes for the Trust:

*Indicate the type of Trust:

(e.g. discretionary/bare/testamentary/charitable etc.)

*Purpose and objective of the Trust:

*What is the approximate overall value of the Trust's assets?:

*Please state the currency of the main account:

The default currency will be USD if this is left blank.

*Please indicate all sources of funds for the account:

Settled funds

Investment proceeds & income

Other funds, please detail:

*Estimated value of investment with DMA over next 3 years, inclusive of initial deposit:

*Please indicate the number of trades the Trust has undertaken in each of the following products on an execution-only basis during the last 12 months?:

FX Rolling Spot:

Options & Futures:

CFDs:

Financial Spreads Bets:

Shares:

ETFs & ETCs:

Gilts & Bonds:

ALL ITEMS WITH * MUST BE PROVIDED.

Part 2 | Trustee Details

Please provide details of Trustees of the Trust. Complete Part 4 for a Corporate Trustee.

Trustee 1

| | |
|---|---|
| *Title: Mr Mrs Miss Ms Dr | *Date of Birth: <input type="text"/> / <input type="text"/> / <input type="text"/> |
| *Identity or Passport No.: | *Country of Birth: |
| *Full Name: (as on identity document/passport) | *Nationality: |
| *Current Residential Address: | *Do you hold multiple nationalities? If so please list: |
| <hr/> | *Which countries are you resident in for tax purposes? Please list all: |
| *Postcode: | |
| *Country: | *US TIN: |
| *Contact No.: | *(if applicable) |
| *E-mail Address: | *US Tax Identification No. (TIN): |
| | *US TIN: (if applicable) |
| | *Other TIN: (if applicable) |

Trustee 2

| | |
|---|---|
| *Title: Mr Mrs Miss Ms Dr | *Date of Birth: <input type="text"/> / <input type="text"/> / <input type="text"/> |
| *Identity or Passport No.: | *Country of Birth: |
| *Full Name: (as on identity document / passport) | *Nationality: |
| *Current Residential Address: | *Do you hold multiple nationalities? If so please list: |
| <hr/> | *Which countries are you resident in for tax purposes? Please list all: |
| *Postcode: | |
| *Country: | *Tax Identification No. (TIN): |
| *Contact No.: | |
| *E-mail Address: | *US TIN: (if applicable) |
| | *Other TIN: (if applicable) |

Trustee 3

*Title: Mr Mrs Miss Ms Dr

*Date of Birth: / /

*Identity or Passport No.:

*Country of Birth:

*Full Name: (as on identity document / passport)

*Nationality:

*Current Residential Address:

*Do you hold multiple nationalities? If so please list:

*Which countries are you resident in for tax purposes? Please list all:

*Postcode:

*Tax Identification No. (TIN):

*Country:

*Contact No.:

*US TIN:
(if applicable)

*E-mail Address:

*Other TIN: (if applicable)

Trustee 4

*Title: Mr Mrs Miss Ms Dr

*Date of Birth: / /

*Identity or Passport No.:

*Country of Birth:

*Full Name: (as on identity document / passport)

*Nationality:

*Current Residential Address:

*Do you hold multiple nationalities? If so please list:

*Which countries are you resident in for tax purposes? Please list all:

*Postcode:

*Tax Identification No. (TIN):

*Country:

*Contact No.:

*US TIN:
(if applicable)

*E-mail Address:

*Other TIN: (if applicable)

ALL ITEMS WITH * MUST BE PROVIDED.

Part 3 | Beneficiary Details

(not applicable to publicly listed companies if listed on a recognised exchange)

Please provide details of named beneficiaries of the Trust. Continue on a separate sheet if required.

Complete Part 4 for each Corporate Beneficiary.

Beneficiary 1

| | |
|--|--|
| <p>*Title: Mr Mrs Miss Ms Dr</p> <p>*Identity or Passport No.:</p> <p>*Full Name: (as on identity document / passport)</p> <p>*Current Residential Address:</p> <p>_____</p> <p>*Postcode:</p> <p>*Country:</p> <p>*Contact No.:</p> <p>*E-mail Address:</p> | <p>*Date of Birth: <input type="text"/> / <input type="text"/> / <input type="text"/></p> <p>*Country of Birth:</p> <p>*Nationality:</p> <p>*Do you hold multiple nationalities? If so please list:</p> <p>*Which countries are you resident in for tax purposes? Please list all:</p> <p>*Tax Identification No. (TIN):</p> <p>*US TIN: (if applicable)</p> <p>*Other TIN: (if applicable)</p> |
|--|--|

Beneficiary 2

| | |
|--|--|
| <p>*Title: Mr Mrs Miss Ms Dr</p> <p>*Identity or Passport No.:</p> <p>*Full Name: (as on identity document / passport)</p> <p>*Current Residential Address:</p> <p>_____</p> <p>*Postcode:</p> <p>*Country:</p> <p>*Contact No.:</p> <p>*E-mail Address:</p> | <p>*Date of Birth: <input type="text"/> / <input type="text"/> / <input type="text"/></p> <p>*Country of Birth:</p> <p>*Nationality:</p> <p>*Do you hold multiple nationalities? If so please list:</p> <p>*Which countries are you resident in for tax purposes? Please list all:</p> <p>*Tax Identification No. (TIN):</p> <p>*US TIN: (if applicable)</p> <p>*Other TIN: (if applicable)</p> |
|--|--|

Beneficiary 3

*Title: Mr Mrs Miss Ms Dr

*Date of Birth: / /

*Identity or Passport No.:

*Country of Birth:

*Full Name: (as on identity document / passport)

*Nationality:

*Current Residential Address:

*Do you hold multiple nationalities? If so please list:

*Which countries are you resident in for tax purposes? Please list all:

*Postcode:

*Tax Identification No. (TIN):

*Country:

*Contact No.:

*US TIN:
(if applicable)

*E-mail Address:

*Other TIN: (if applicable)

Beneficiary 4

*Title: Mr Mrs Miss Ms Dr

*Date of Birth: / /

*Identity or Passport No.:

*Country of Birth:

*Full Name: (as on identity document / passport)

*Nationality:

*Current Residential Address:

*Do you hold multiple nationalities? If so please list:

*Which countries are you resident in for tax purposes? Please list all:

*Postcode:

*Tax Identification No. (TIN):

*Country:

*Contact No.:

*US TIN:
(if applicable)

*E-mail Address:

*Other TIN: (if applicable)

If Beneficiary is a Corporate, please provide Corporate Name:

ALL ITEMS WITH * MUST BE PROVIDED.

Part 4 | Corporate Details - if there is a Corporate Trustee/Beneficiary

*Full Corporate Name

*Country of Incorporation:

*Corporate Trustee or Beneficiary?

*Nature of Business:

Website Address:

*Registered Office Address:

*Contact E-mail Address:

*Contact Telephone No.:

*Postcode:

*Is the company listed on a regulated stock exchange?

*Country:

No Yes

Business Address: (*if different from registered address)

*Legal Entity Identifier Code (LEI):

If applicable, please provide US IRS Global Intermediary Identification Number (GIIN):

*Postcode:

*Country:

*Tax Identification No.:

*IF THE COMPANY IS NOT QUOTED ON ANY REGULATED STOCK EXCHANGE, LIST ALL BENEFICIAL OWNERS OR SHAREHOLDERS WITH 20% OR MORE EQUITY/VOTING RIGHTS.

| Full Name | Address | Date of Birth (DD/MM/YYYY) |
|-----------|---------|--|
| <hr/> | <hr/> | <input type="text"/> / <input type="text"/> / <input type="text"/> |
| <hr/> | <hr/> | <input type="text"/> / <input type="text"/> / <input type="text"/> |
| <hr/> | <hr/> | <input type="text"/> / <input type="text"/> / <input type="text"/> |
| <hr/> | <hr/> | <input type="text"/> / <input type="text"/> / <input type="text"/> |

*PLEASE LIST ALL DIRECTORS OF THE COMPANY (IF NECESSARY, PROVIDE AN ADDITIONAL SHEET).

| Full Name | Address | Date of Birth (DD/MM/YYYY) |
|-----------|---------|--|
| <hr/> | <hr/> | <input type="text"/> / <input type="text"/> / <input type="text"/> |
| <hr/> | <hr/> | <input type="text"/> / <input type="text"/> / <input type="text"/> |
| <hr/> | <hr/> | <input type="text"/> / <input type="text"/> / <input type="text"/> |
| <hr/> | <hr/> | <input type="text"/> / <input type="text"/> / <input type="text"/> |

Is the company regulated by a financial services regulator, such as the Financial Services Commission or equivalent?:

No Yes Name of regulator and license no.:

ALL ITEMS WITH * MUST BE PROVIDED.

Part 5a | Details of Person(s) Authorised to Operate the Account

Person 1

| | |
|--|--|
| *Title: Mr Mrs Miss Ms Dr | *Date of Birth: <input type="text"/> / <input type="text"/> / <input type="text"/> |
| *Identity or Passport No.: | *Nationality: |
| *Full Name: (as on identity document/passport) | *Contact No.: |
| *Occupation: | *E-mail Address: |
| *Current Residential Address: | <small>*IF YOU HAVE BEEN AT YOUR CURRENT ADDRESS FOR LESS THAN 3 YEARS, PLEASE ALSO PROVIDE YOUR PREVIOUS ADDRESS.</small> |
| _____ | *Previous Residential Address: |
| | _____ |
| *Postcode: | *Postcode: |
| *Country: | *Country: |

Person 2

| | |
|--|--|
| *Title: Mr Mrs Miss Ms Dr | *Date of Birth: <input type="text"/> / <input type="text"/> / <input type="text"/> |
| *Identity or Passport No.: | *Nationality: |
| *Full Name: (as on identity document/passport) | *Contact No.: |
| *Occupation: | *E-mail Address: |
| *Current Residential Address: | <small>*IF YOU HAVE BEEN AT YOUR CURRENT ADDRESS FOR LESS THAN 3 YEARS, PLEASE ALSO PROVIDE YOUR PREVIOUS ADDRESS.</small> |
| _____ | *Current Residential Address: |
| | _____ |
| *Postcode: | *Postcode: |
| *Country: | *Country: |

Part 5b | Trading Knowledge & Experience of the Main Person Operating the Account

NOTE: THE PERSON LISTED AS "PERSON 1" ABOVE SHALL BE CONSIDERED THE MAIN PERSON OPERATING THE ACCOUNT.

Name:

*How long has the person continuously traded financial instruments on an execution only basis whether for the company or otherwise?

Less than 1 year
1 - 5 years
More than 5 years

*Does the person have any industry recognised qualifications for the type of trading that your entity intends to carry out with us?

Yes
No

*Does the person work, or has the person worked in the financial sector for at least one year in a professional position which requires knowledge of the nature and risk involved in the type of trading that your entity intends to carry out with us?

Yes
No

Part 6 | Data Protection

To comply with Money Laundering Regulations, DMA is required to collect information and to undertake checks on the identity and residential address of the directors, shareholders and other authorised persons, including accessing and using information held in a database or other electronic format through other agencies.

In carrying out electronic verifications, other agencies may retain a record of the enquiry and information given to them. DMA may also request further supporting documentation to verify these details. The information may be disclosed to law enforcement agencies and other relevant organisations for crime detection and prevention purposes. DMA will add data of the individuals (including email details) to the database of SCM DMA (Mauritius) Ltd ("DMA") which includes entities that are outside the EEA. A list of entities within the Group can be found on www.dmamu.com. DMA may exchange or share information with the firm or person who introduced your company to us for proper performance of the services. DMA may occasionally contact the directors and other authorised persons of the company by email, telephone or post to give information about products and services offered that are similar or related to the products and services provided or previously provided to the company.

ALL ITEMS WITH * MUST BE PROVIDED.

Part 7 | Bank Details

THE FOLLOWING BANK DETAILS WILL BE USED FOR DEPOSITS AND WITHDRAWALS INTO AND OUT OF DMA.

*Account Name:

*Bank Name:

*Bank Address:

*Swift ID (BIC):

*Clearing Code:

*Branch Name (or city):

*Account Number or IBAN:

DMA does not accept or make 3rd party payments. Third Party funds received will be returned to remitter by our banking partner per our General Business Terms.

Please submit a suitable proof of bank account in the form of a letter from the bank or statement reflecting account name and number in Applicant name.

ALL ITEMS WITH * MUST BE PROVIDED.

Part 8 | Declaration

I/We, jointly and severally, declare that:

- I/We hereby request and authorise you to open an account for the Trust;
- I/We have read and understood the nature and the risk of the product(s) that the Trust intends to trade in this account;
- I/We have obtained from the website (www.dmamu.com), read and understood the following:
 1. The General Business Terms (including the product risks disclosure detailed in Schedule 1 to these General Business Terms),
 2. Order Execution Policy,
 3. Conflict of Interest Policy,
 4. Commission, Charges & Margin Schedule,
 5. Market Conduct Information.
- I/We warrant that we have full power and authority to open and operate the account in terms of law and act within that authority;
- I/We have provided true, accurate and complete information and authorise you to make any enquiries which you may consider necessary for confirmation of such information and undertake to update DMA of any changes to the information provided without delay;
- I/We consent to the Order Execution Policy and for any orders to be executed outside a regulated market or a multilateral trading facility;
- I/We consent for any of unexecuted limit orders not to be made public;
- I/We accept and agree to be bound by the terms provided above and consent to such terms and information including future updates to these be provided to me/us by way of posting on the website indicated above;
- Each Trustee, Beneficiary and Authorised Person of the Trust, as may be amended from time to time, consents to the use of their personal information as described on Part 6 of this form; and,
- I/We accept that in certain circumstances DMA will be obliged to share information with Mauritian authorities, who may pass it on to other tax authorities.

*Date: / /

| | | |
|--|--------------------------|----------------|
| <p>Full Name:</p> <p style="text-align: center; font-size: small; color: gray;">NAME AS ON IDENTITY DOCUMENT / PASSPORT</p> | <p>Signature:</p> | <p>TRUSTEE</p> |
| <p>Full Name:</p> <p style="text-align: center; font-size: small; color: gray;">NAME AS ON IDENTITY DOCUMENT / PASSPORT</p> | <p>Signature:</p> | <p>TRUSTEE</p> |
| <p>Full Name:</p> <p style="text-align: center; font-size: small; color: gray;">NAME AS ON IDENTITY DOCUMENT / PASSPORT</p> | <p>Signature:</p> | <p>TRUSTEE</p> |
| <p>Full Name:</p> <p style="text-align: center; font-size: small; color: gray;">NAME AS ON IDENTITY DOCUMENT / PASSPORT</p> | <p>Signature:</p> | <p>TRUSTEE</p> |

Corporate Trustees: (Directors, or other authorised signatories, must sign in terms of their authorised signatory rules)

Signatory 1:

Signed by: FULL NAME OF DIRECTOR

for and on behalf of: NAME OF COMPANY

Signature: DIRECTOR

Signatory 2:

Signed by: FULL NAME OF DIRECTOR

for and on behalf of: NAME OF COMPANY

Signature: DIRECTOR