

Account Holder/Client:	Account number:	
	(Filled by Dukascopy Europe)	

V.18.08.2011

REQUEST FOR THE OPEN Corporate name:	IING OF AN ACCOUNT
Legal form:	
Date of Incorporation:	
Place of Incorporation/RegistrationK	
Registered office address:	
Correspondence address:	
Mobile phone n°:	Phone n°:
Fax n°:	
Security E-mail:	

The Client requests Dukascopy Europe IBS AS to open an account, in accordance with conditions of Marketplace Trading Agreement.

Currency account denomination:	USD	EUR		GBP
	CAD	AUD	SGD PLN	] HKD
(Any funds cont to the account will be conv	orted to the	o roforono	e currency)	

Any funds sent to the account will be converted to the reference currency)  $\mathbb{A}^{(n)}$ 

The Client authorizes Dukascopy Europe IBS AS to close any open positions relative to his account should the Client desire a partial or total fund withdrawal.

The Client declares that the information contained in this Account Opening Documentation is true and accurate.

Place and date:

Signature of the Holder/Client: