

Account Holder/Client:	Account number: (Filled by Dukascopy Europe)
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04.10.2013

REQUEST FOR THE OPENING OF AN ACCOUNT

Holder 1

Last name(s), First name(s): _____
Date of birth and Nationality: _____
Legal address: _____
Correspondence address: _____
Mobile phone n°: _____ Phone n°: _____
Fax n°: _____ Security E-mail: _____

Holder 2

Last name(s), First name(s): _____
Date of birth and Nationality: _____
Legal address: _____
Correspondence address: _____
Mobile phone n°: _____ Phone n°: _____
Fax n°: _____ Security E-mail: _____

The Clients request Dukascopy Europe IBS AS to open an account in accordance with the conditions of Marketplace Trading Agreement.

Currency account denomination: USD EUR CHF JPY GBP
 CAD AUD SGD PLN HKD

(Any funds sent to the account will be converted to the reference currency)

The Clients authorize Dukascopy Europe IBS AS to close any open positions relative to their account should the Clients desire a partial or total fund withdrawal.

The Clients declare that the information contained in this Account Opening Documentation is true and accurate.

Place and Date: _____

Signatures of the Account Holders/Clients: _____