

Account Holder/Client:	Account number:
	(Filled by Dukascopy Europe)
REQUEST FOR THE OPENING OF AN ACCOUNT	
Last name(s), First name(s):	
Date of birth:	
Nationality:	
Legal address:	
Correspondence address:	
Mobile phone n°: Phone n°).
Mobile phone n°: Fax n°: Phone n°	
Security E-mail:	
The Client requests 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 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:	