

FINANCIAL SPREAD BETTING AND CFD ACCOUNT APPLICATION FORM

DECLARATIONS

I have read, acknowledge, understand and agree to the Delta Index **Risk Warning Notice** as per Term 1 in the Delta Index Terms & Conditions including the following:

- Financial Spread Betting, by its very nature, or any investment in shares, currencies, commodities, derivatives and similar products carry a high degree of risk and uncertainty and I am solely responsible and liable for decisions and transactions which I make.
- That all trading decisions are made by me in reliance on my own judgment only and at my own risk.
- I understand the concepts and realities of market exposure, margining, gearing, leverage and I am willing to accept the risks of market gapping.
- I am responsible for monitoring my position including maintaining an up to date view on my position and when I might need to add to my margin.
- That past performance is not a reliable indicator of future performance/results.

I have read, acknowledge, understand and agree to the **Regulatory Risk Disclosure Statement** as per Term 35 in the Delta Index Terms & Conditions.

Signature

By signing hereto I consent to Delta Index holding and pooling my monies in the relevant designated client account (including margin, collateral and deposit accounts) and I also consent to Delta Index holding my monies in such accounts outside Ireland in accordance with the Financial Regulator's **Client Asset Requirements**.

I have read, acknowledge, understand and agree to the Delta Index **Order Execution Policy** as per Term 21.4 CFD and Term 23.4 Spread Betting, in the Delta Index Terms & Conditions.

Signature

I confirm that I am over 18 years of age, not resident in the United States and the information provided here is true and accurate. I have read, understood and agree to the Delta Index Limited **Terms and Conditions** which form a two-way agreement between myself and Delta Index.

Signature

Date

We would like to keep you informed of upcoming Delta Index events, new products and news. Please let us know how you'd like to be contacted:

Phone Email SMS Post I prefer not to be contacted (PLEASE TICK ALL THAT APPLY)

A member of our Client Team will be in touch with you regarding your application. You can fund your account by debit card, credit card or online funds transfer or alternatively you may attach a cheque (drawn on an Irish bank) or an Irish bank draft to this application form. In the meantime should you have any queries please contact us via email to **client@deltaindex.com** or by phone on **1850 88 20 20** or **+353 1 664 8500** (if calling from outside Ireland)

Using Freepost please return this completed form along with the necessary documents to **Delta Index, The Sweepstakes Centre, Merrion Road, FREEPOST F3575, Ballsbridge, Dublin 4, IRELAND**

Please fill in all of the sections so we can process your application as quickly as possible PLEASE USE BLOCK CAPITALS

PERSONAL DETAILS

Title Mr Miss Mrs Ms Other, please specify

First Name Surname

Address

Street

Town County

Postcode Country

Email

Daytime phone number P

Evening phone number P

Mobile phone number P PLEASE TICK PREFERRED CONTACT NUMBER (P)

Date of birth Nationality

What is your highest level of education?

- Secondary level Primary Degree Masters Degree
 PhD Professional Qualification (e.g. CIMA, Law Society etc)
 Other, please specify

How did you hear about us?

- Direct Mail WHEN
- Magazine WHERE
- Press Article WHERE
- Press Advertisement WHERE
- Radio Advertisement WHERE
- Radio Programme WHERE
- Referral FROM WHOM
- Search Engine WHICH
- Other WHICH

NEW USER ACCOUNT INFORMATION

Username

YOUR USERNAME IS CASE SENSITIVE AND MUST BE A MINIMUM OF SIX CHARACTERS, PLEASE KEEP A RECORD OF IT FOR LOGIN.

Please choose one account security question

Favourite colour

Mother's maiden name

Pet's name

Please choose the type of account you wish to open:

Spread Betting Controlled Risk Account Spread Betting Standard Account CFD Account

Controlled Risk Account Key Features

- Stop Losses are mandatory and we guarantee that you can lose no more than this amount (your stake times the stop loss distance) even if the trade goes against you.
- Delta Index pre-determine a stop loss level, and may pre-determine a limit order level, for you and it is your responsibility to accept or to adjust this.
- You must have sufficient funds in your account to cover the maximum possible loss before you open each bet.
- Spreads (the cost of the trade) are larger.

Standard Account Key Features

- You can choose to trade with or without guaranteed stop orders on each trade.
- You must have more cash (margin) in your account than the amount calculated by multiplying your stake by the IMR before you open a trade. If prices move against you, you will be required to maintain your margin at this level.
- Losses can exceed your deposit.
- Spreads (the cost of the trade) are smaller.

Trade confirmations and statements are sent by email. If you are unable to access email please tick this box.

We require a certified* copy of your passport, driving licence or identification card and two original proof of address documents - this can include a bank statement/credit card bill or utility bill** - please confirm that these documents are enclosed with this application form

Yes, I have included a certified copy of identification Yes, I have included two original proof of address documents

*A certified copy is a copy which has been signed and stamped by a solicitor, Garda Síochána, accountant or a bank manager

**Proof of address documents should be no more than three months old

BANKING DETAILS

Bank/Building Society name

Account number

Account name

Sort code

Swift code (FOR NON-IRISH BANKS ONLY)

IBAN number (FOR NON-IRISH BANKS ONLY)

CURRENCY DETAILS

Please select the base currency you wish to trade in EURO STERLING

In order for us to assess the appropriateness of Financial Spread Betting, CFDs or other derivative products for you and to comply with Regulations, we must obtain the following information. Your information will remain strictly confidential in accordance with our Privacy Policy.

EMPLOYMENT DETAILS

Which of the following best describes your role?

Business proprietor Company Director Employee

Other, please specify

Name of Company

Company Address

Street

Town County

Postcode Country

Industry

If you require us to forward a copy of your trade confirmation notes to your employer please provide an email address:

Email

Considering your professional experience, have you worked in the financial services sector or in a position that requires knowledge of Financial Spread Betting, CFDs or other derivative products for a period of more than 12 months?

Yes No

TRADING HISTORY

Have you ever traded in financial markets? (including trading in shares, financial spread betting, contracts for difference, options, futures, warrants etc.)

Yes No

If the answer to the above question is yes, please answer the following 3 questions

1. How long have you been trading?

0-1 years 1-2 years 2-5 years 5+ years

2. Do you trade execution only or advisory?

Execution only (EXECUTION ONLY MEANS THAT YOU ARE MAKING ALL TRADING DECISIONS AND TRANSACTIONS YOURSELF)

Advisory (ADVISORY MEANS THAT YOU ARE BEING ADVISED ON YOUR TRADING DECISIONS AND/OR YOUR TRADING TRANSACTIONS ARE BEING PERFORMED ON YOUR BEHALF)

Both

3. How often have you traded in the past 12 months?

10+ times per quarter 5-10 times per quarter

0-5 times per quarter I haven't traded in the last 12 months

I have never traded

Other than my principal private residence, my available assets for investment are:

€0-€25,000 €25,000-€100,000 €100,000- €500,000 €500,000+