

If yes, state which company: _

CLIENT APPLICATION FORM

//_ D/MM/YY CLIENT RELATIONSHIP OI	ACCOUNT NUMBER:
1. Account Registration	Signing Authority: [] Either to Sign [] All to sign
Account type: [] Individual [] Estate [] Joint [] Other Number of Joint members:	Relationship:
1.1 Sole or Primary Applicant	
Name:	Citizenship:
Residential Address:	
Mailing Address:	
	atus: [] Single [] Married [] Other
Place of Birth:	
Home Tel No: Mobile No:	E-Mail Address:
Occupation:	L-ividii Address
	Annual Income – From \$to \$
	000,000 [] \$1,000,001 - \$5,000,000 [] over \$5,000,000
	Years Employed:
Business Address:	
Primary Bankers	
Identification Information	Identification Information
Type of ID: Date of Birth://	
ID Number:	_ ID Number:
Country of Issue:	Country of Issue:
Date of Issue:// Date of Expiration:	
DD/MM/YY DD/	/MM/YY DD/MM/YY DD/MI
Other information:	
Are you the holder of a public office or have been a holder	er of public office? [] YES [] NO
If yes, state which office and period in office:	a or public office:
Are you related to, or a close associate of any individual v	who holds or has held public office? [] YES [] NO
If yes, state individual and which office: Are you, as an individual or as part of a group, a >= 5% sh	areholder in a publicly traded company? [] YES [] NO
If yes, state which company:	
Are you a Director, Senior Officer or Insider of any public	ly traded company? [] YES [] NO
If yes, state which company: Are you an employee or officer of a stockbroker/dealer o	
Are you an employee or officer of a stockbroker/dealer o	* Dogulator 2
	r Regulator? [] YES [] NO
If yes, state which organization:	
If yes, state which organization: Are you related to an employee or officer of a stockbroke	
If yes, state which organization: Are you related to an employee or officer of a stockbroke If yes, state which organization:	er/dealer or Regulator? [] YES [] NO
If yes, state which organization: Are you related to an employee or officer of a stockbroke	er/dealer or Regulator? [] YES [] NO



CLIENT APPLICATION FORM

1.2 First Joint Applicant

Name:	Cit	izenship	:
Residential Address:			
Mailing Address:			
Gender: [] Male [] Female Marital Status: []	Single [] Married [] Ot	her	
Place of Birth:	•		
Home Tel No: Mobile No:	E-Mail Address:		
Occupation:	Annual Income – From	\$	to \$
Net Worth [] Under \$500,000 [] \$500,001 - \$1,000,000		1 over \$5	
			d:
Employer:		inploye	u
Business Address:			
Primary Bankers			
Identification Information	Identification Information		
Type of ID: Date of Birth://_	Type of ID:		
ID Number:	ID Number:		
Country of Issue:	Country of Issue:		
Date of Issue://_ Date of Expiration://_	Date of Issue:// Date	ate of Exp	oiration://
DD/MM/YY DD/MM/YY	DD/MM/YY		DD/MM/YY
Other information:			
Are you the holder of a public office or have been a holder of publ If yes, state which office and period in office:	ic office?	[] YES	[] NO
Are you related to, or a close associate of any individual who holds	s or has held public office?	[]YES	 [] NO
If yes, state individual and which office:	of has held public office.	[] 123	[]110
Are you, as an individual or as part of a group, a >= 5% shareholde	r in a publicly traded company?	[] YES	 [] NO
If yes, state which company:			
Are you a Director, Senior Officer or Insider of any publicly traded	company?	[] YES	[] NO
If yes, state which company:		[],	
Are you an employee or officer of a stockbroker/dealer or Regulat	or?	[] YES	[] NO
If yes, state which organization: Are you related to an employee or officer of a stockbroker/dealer	or Regulator?	[]YES	 []NO
If yes, state which organization:	or regulator:	[] 123	[]100
Are you the holder of a beneficial interest in a Casino or operate a	Casino account?	[] YES	 [] NO
If yes, state which company:			
Are you involved in internet gambling?		[] YES	[] NO
If yes, state which company:			



CLIENT APPLICATION FORM

1.3. Second Joint Applicant

Gender: [] Male [] Female Marital Status: [] Name:	Single [] Married [] Ot		
Residential Address:			
Mailing Address:			
Place of Birth:			
Home Tel No: Mobile No:	E-Mail Address:		
Home Tel No: Mobile No: Occupation:	Annual Income – From	Ś	to \$
Net Worth [] Under \$500,000 [] \$500,001 - \$1,000,000	[] \$1 000 001 - \$5 000 000	7 [] over \$5	
Employer:		Employe	u:
Business Address:			
Primary Bankers:			
Identification Information	Identification Inform	ation	
Type of ID: Date of Birth://_	Type of ID:I	Date of E	Birth: / /
ID Number:	ID Number:		
Country of Issue:	Country of Issue:		
Date of Issue://_ Date of Expiration:/_/_	Date of Issue://_ D	ate of Exp	
DD/MM/YY DD/MM/YY	DD/MM/YY		DD/MM/YY
Other information:			
Are you the holder of a public office or have been a holder of public of public office or have been a holder of public office or have b	ic office?	[] YES	[] NO
If yes, state which office and period in office: Are you related to, or a close associate of any individual who hold	s or has hald nublic office?	[]YES	 [] NO
If yes, state individual and which office:	s or has held public office?	[] 1E2	[] NO
Are you, as an individual or as part of a group, a >= 5% shareholde	r in a publicly traded company?	1 YES	 [] NO
If yes, state which company:		[]	[]
Are you a Director, Senior Officer or Insider of any publicly traded	company?	[] YES	 [] NO
If yes, state which company:			
Are you an employee or officer of a stockbroker/dealer or Regulat	or?	[] YES	[] NO
If yes, state which organization:			
Are you related to an employee or officer of a stockbroker/dealer	or Regulator?	[] YES	[] NO
If yes, state which organization:		[]YES	 []NO
Are you the helder of a handicial interest in a Casing an arrange			LLINU
Are you the holder of a beneficial interest in a Casino or operate a	Casino account?	[] 123	11
Are you the holder of a beneficial interest in a Casino or operate a If yes, state which company: Are you involved in internet gambling?	Casino account?	[] YES	



CLIENT APPLICATION FORM

2. ADDITIONAL INVESTOR INFORMATION:

а.	Investment Objectives:	c. Estimated amount of fun Purposes per annum:	nds available for inv	estment
	[] Long Term Growth [] Asset Diversification [] Income [] Short Term Growth	[] Less than \$50,000 [] \$100,001 - \$500,000 [] over \$1,000,000	[] \$50,001 - \$100 [] \$500,001 - \$1,0	
b.	Risk Exposure: [] Low [] Speculation [] Moderate [] High	[] Under \$250,00 [] \$500,001 - \$75	ss Annual Househol 0 [] \$250,001 - \$50 0,000 000,000 [] over \$1	0,000
3.	CLIENT RISK TOLERANCE:			
a.	Expected Return: What is your desired level of invest	tment return? Please explain:		
b.	Can you accept occasional periods of negative invest	ment returns?	[] YES	[] NO
c.	Liquidity: Would you need to be able to readily conv	ert investments into cash	[] YES	[] NO
d.	Income Source: My major source of income is predic	table and steadily growing	[] YES	[] NO
e.	Investment experience: Do you have prior investment explain to what extent		nd debt Instruments	. Please
f.	Do you understand the concept of investment risk?		[]YES	
4.	SOURCE OF FUNDS:			
Wh	at is the source of funds for this account? Please speci	ify in each case.		
[]S	ale of Property: [] Savings nsurance Proceeds [] C	other [] Mutual Fu	unds	
5.	ACCOUNT INSTRUCTIONS:			
Hov	wwill instructions be issued to BOURSE on your behalf	?		
[]E	elephone mail ace to Face Office other			

 $\underline{www.bourseinvestment.com}$

CLIENT APPLICATION FORM

6. DECLARATION

I/We the undersigned applicant(s) for an account with BOURSE declare that the statements made by me/us on this form are, to the best of my/our knowledge and belief, true and correct.

I/We agree to BOURSE processing my/our personal data contained in this form and other personal data that BOURSE may obtain from me/us or from other people or entities connected with my financial affairs.

I/We declare that the funds and securities covered by this application came from a legal source and are not connected to money laundering, terrorist activities, drug trafficking and other criminal offences.

In consideration of BOURSE opening an account for me/us, I/We promise to conduct such account in accordance with the agreed guidelines and the law and to check and verify each account statement received and to notify BOURSE forthwith of any errors in volume, type and value of securities that may have been wrongly or erroneously credited to my/our account.

I/We declare that I am/We are aware that should I/We dispose of, sell, transfer, or pledge any securities that have been wrongly or erroneously credited to my/our account, I/We may be liable to criminal prosecution and will be required to make full restitution to BOURSE.

I/We declare that I/We have read and understood the aforementioned declarations and consent is hereby given to BOURSE, to retain this form, conduct its normal investigations on me/us, and to seek and receive information from any person, agency, entity or financial institution holding or possessing any such information on me/us.

I/We acknowledge that BOURSE reserves the right to close or suspend an account for any reason in its discretion including if BOURSE determines that information provided for the purpose of the account is false or if in its opinion, there is unusual, improper or suspicious activity in the account or other activity which it deems is in breach of the law or the terms of the agreement that I/We have signed.

WITNESS SIGNATURE	_
	ON DD/MM/YYYY
	WITNESS SIGNATURE