



GIV CAPITAL

CUSTOMER APPLICATION FORM



CUSTOMER INFORMATION

Customer information must be completed for each participant in the account, individually, jointly, by all general partners and by the corporate officers authorized to make trading decisions for the account. For the purpose of this document, the term "Customer" always refers to the entity for which this application has been made, regardless of legal description.

First Name: _____ **Last Name:** _____

If you are acting on behalf of an entity other than an individual please provide the name of that entity:

Entity: _____ * legal entities must complete and return the applicable resolution form.

Type of Entity: Corporation Partnership Trust Other (please specify) _____

Industry: Basic Materials Consumer Goods Financial Healthcare Industrial Goods Services Technology Utilities Other (please specify) _____

Description of products/services: _____

Street Address: _____ **City:** _____ **State:** _____

Zip: _____ **Country:** _____

Telephone (Home): _____

U.S. customers: Social Security or Tax ID number: _____

Email Address: _____ **Date of Birth (mm/dd/yyyy):** _____

Citizenship: U.S. Citizen: Yes No If No, what country? _____

Employment Status: Employed Self-Employed Retired Unemployed

Position: _____

Employer's Name: _____

If you are self-employed, select your industry:

Basic Materials Consumer Goods Financial Healthcare Industrial Goods Services Technology Utilities

Other (please specify) _____

and describe your products/services: _____



I am: I am not a Politically Exposed Person ("PEP"). A PEP is an individual who holds or has ever held one of the following offices or positions: head of state or government; member of the executive council of government or member of a legislature; deputy minister (or equivalent); ambassador or an ambassador's attaché or counsellor; military general (or higher rank); president of a state owned company or bank; head of a government agency; judge; or leader or president of a political party in a legislature. A PEP also includes close associates and immediate family members (mother or father; child; spouse or common law-partner; spouse's or common-law partner's mother or father and brother, sister; any other child of the individual's mother or father) of the PEP.

Primary Account Currency: U.S. Dollar Euro Canadian Dollar (CAD) Swiss Franc (CHF) Great Britain Pound (GBP) Japanese Yen (JPY) Australian Dollar (AUD) Other (please specify) _____

Select the starting leverage for your account. The default is 20:1 and you may change this at anytime.

10:1 20:1 30:1 40:1 50:1 Other (please specify) _____

LOGIN INFORMATION

Your Preferred Username: _____ (Please do not use spaces or punctuation.)

Do you want your username displayed publicly (for example, in GIV Capital's public contests)? Yes No

Your password: _____ (Use 8-20 alphanumeric numbers. For your protection, update this later.)

Where did you hear about GIV Capital? _____

Security Question: (select one and provide an answer)

- Mother's maiden name:
- City where parents met:
- Name of first pet:
- Name of childhood best friend: Name of first boss:

Answer: _____

THE INFORMATION BELOW MUST BE FILLED OUT IN FULL

Do you have experience (check all that apply):

Trading securities: Yes No # of years? Trading equity options: Yes No # of years?
 Trading futures: Yes No # of years? Trading commodities: Yes No # of years?
 Trading currencies: Yes No # of years?

What is your total estimated annual income (estimated annual revenue if applicant is an entity) USD _____

What is your total net worth (total assets less total liabilities if applicant is an entity)? USD _____

Will any other person(s) have financial interest in this account? Yes No

If Yes, please provide name(s):



Are you, your spouse, or any relative in the same household, an employee, principal, owner of over 10% equity interest, or associated person of a retail forex counterparty? Yes No

If Yes, please explain:

Do you operate a commodity pool, a pooled investment vehicle, or act as an intermediary accepting funds from others?

Yes No

If Yes, please explain:

What is your trading objective: Hedge other instruments Risk Management To make Profit

- Please include copies of 1 government-issued photo ID
- 1 document confirming your address (current within 3 months)
- Completed Acknowledgement & Agreement form with this application.

AGREED AND ACCEPTED:

Company Name		Company Seal
Address		
Signature		
Name in Full:		
Title:		
Passport		
Date		

AUTHORIZATION : The undersigned hereby attest(s) and certifies to be a sophisticated financial institution and/or sophisticated participant and attest(s) that the above information is complete and accurate and hereby authorizes GIV CAPITAL to verify any information submitted in accordance with GIV Capital's Privacy Policy.

EDT (Electronic document transmissions) shall be deemed valid and enforceable. As applicable, this Power of Attorney shall be: Incorporate U.S. Public Law 106-229, "Electronic Signatures in Global and National Commerce Act" or such other applicable law conforming to the UNCITRAL Model Law on Electronic Signatures (2001) and ELECTRONIC COMMERCE AGREEMENT (ECE/TRADE/257, Geneva, May 2000) adopted by the United Nations Centre for Trade Facilitation and Electronic Business (UN/CEFACT). EDT documents shall be subject to European Community Directive No.95/46/EEC, as applicable. Either Party may request hard copy of any document that has been previously transmitted by electronic means provided however, that any such request shall in no manner de lay the parties from performing their respective obligations and duties under EDT instruments.