



Corporate Account Application

In order to better serve you and to avoid any possible delay in opening your account, please complete this application in full, along with the additional documents noted on the final pages of this application "Brokerage Account Requirements" and return the originals to your Financial Advisor. All requested documents must be provided in order to open an account. This form must be completed for each beneficial owner and signatory of the account. If funds or assets are received by Valor Capital prior to the accounts final approval to open, those assets may not be sold or transferred until documentation is complete, except to be returned to where there were received from.

Account Detail/Contact Information

Account Title

(Full Legal Name of Entity)

Country of Incorporation Date of Incorporation

Primary Address City

State/Province Country

Zip Code Business Phone

Home Fax

Email Address

Website

(if applicable)

Is the Corporation in Good Standing? ☐ Yes ☐ No

Legal Form ☐ Corporate ☐ Partnership ☐ Trust

Currency Base ☐ USD ☐ GBP ☐ CHF ☐ CAD Other

Nature of Business

Account Advisor

Please identify all shareholders and /or beneficial owners of the company with a 10% or greater interest. If the owner of the company is a corporation, please also identify the beneficial owners of the underlying corporation.

Name	<input type="text"/>	% Interest	<input type="text"/>
Name	<input type="text"/>	% Interest	<input type="text"/>
Name	<input type="text"/>	% Interest	<input type="text"/>
Name	<input type="text"/>	% Interest	<input type="text"/>

Company must notify Valor Capital immediately in writing as to any change in officers, directors, beneficial owners, or account signatories.

Principal Account Contact

Name	<input type="text"/>		
Address	<input type="text"/>		
City	<input type="text"/>	Country	<input type="text"/>
		Zip / Postal Code	<input type="text"/>
Telephone	<input type="text"/>	Facsimile	<input type="text"/>
E-mail	<input type="text"/>		

Classification of Account

Type of account? (mark one only)	<input type="checkbox"/> Custody	<input type="checkbox"/> Margin	<input type="checkbox"/> Cash
Account authorized to trade Derivatives?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Account authorized to purchase Restricted Securities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Describe the source of funds and/or economic activity that generated the funds being deposited into the account:

Select as appropriate and provide details in narrative form below

<input type="checkbox"/> Pooled Investments	<input type="checkbox"/> Business Income	<input type="checkbox"/> Inheritance
<input type="checkbox"/> Savings/Employment Income	<input type="checkbox"/> Sale of Business	<input type="checkbox"/> Sale of Investments or Property
Other <input type="checkbox"/>	(please provide details) <input type="text"/>	

Anticipated dollar volume of initial deposits in USD

<input type="checkbox"/> \$250,000 - \$299,999	<input type="checkbox"/> \$300,000 - \$349,999	<input type="checkbox"/> \$350,000 - \$399,999
<input type="checkbox"/> \$400,000 - \$449,999	<input type="checkbox"/> \$450,000 - \$499,999	<input type="checkbox"/> \$500,000 - \$549,999
<input type="checkbox"/> \$550,000 or more (please specify)		

Account Signature Card

Number of Signatories Required to Withdraw Assets

1. Signatory Name:

Specimen Signature:

Signing Capacity

☐

Individually

☐

Jointly

☐

Other _____

2. Signatory Name:

Specimen Signature:

Signing Capacity

☐

Individually

☐

Jointly

☐

Other _____

3. Signatory Name:

Specimen Signature:

Signing Capacity

☐

Individually

☐

Jointly

☐

Other _____

4. Signatory Name:

Specimen Signature:

Signing Capacity

☐

Individually

☐

Jointly

☐

Other _____

Other Information

Does the Beneficial Owner of this Account have an interest in any other current or past Valor Capital Accounts?

☐ Yes ☐ No

If yes, please provide details:

Is any applicant, member of immediate family, or business associate a senior foreign political official?

☐ Yes ☐ No

If yes, please provide details:

Is any applicant employed by or affiliated with a securities firm, a securities exchange, or FINRA?

☐ Yes ☐ No

If yes, please provide organization name and compliance department address:

Have you ever been convicted of a securities related offence, fraud, or any other serious criminal offence?

Yes

☐ No ☐

If yes, please provide details:

Does anyone other than the persons named have authority over or any financial interest in this account?

☐ Yes ☐ No

If yes, please provide details:

Is any applicant a control person or affiliate of a public company as defined by the SEC? This would generally include 10% shareholders, members of the Board of Directors, and policy-making officers.

☐ Yes ☐ No

Name of person/entity supplying referral:

Under penalties of perjury, I certify that: the information provided in this application is true and correct and I agree to advise Valor Capital immediately of any material change in this information or any financial circumstances. By signing this application, I acknowledge that I have received, read and agree to abide by the terms and conditions of the accompanying Brokerage Account Agreement, including (if applicable) risk disclosures relating to margin accounts, derivatives, online access and restricted securities. This agreement is subject to the laws of the Cayman Islands.

Authorized Person's Signature

Date

Authorized Person's Signature

Date