



# One World Capital Group

590 Madison Avenue-31stFloor-New York, NY 10022

## ACCOUNT APPLICATION

### SECTION 1

#### Type of Account: choose one

<input type="checkbox"/> Individual	<input type="checkbox"/> Joint Account	<input type="checkbox"/> IRA Account	<input type="checkbox"/> Trust Account
<input type="checkbox"/> Corporate Account	<input type="checkbox"/> Partnership Account	<input type="checkbox"/> Limited Liability Company	

#### Primary Account Holder / Business Owner

#### Personal Information (Required for All Accounts)

First Name:	Middle Name:	Last Name:	Phone Number:		
Home Address (P.O. Box not acceptable)					
Mailing Address(if different):					
City:	State/Province:	Postal/Zip Code:	Country:		
* Date of Birth(mm/dd/yyyy):	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Married <input type="checkbox"/> Single	US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Dependents	Social Security Number(if USA)
Citizenship (country if not USA):	Passport or Driver's license number (if not USA):			Initial Margin (in USD):	
<b>Type of account :</b>			<b>Leverage:</b> <input type="checkbox"/> 50:1 <input type="checkbox"/> 100:1		
Forex <input type="checkbox"/> standard (100k lot) <input type="checkbox"/> Mini (10K lot)*			Futures <input type="checkbox"/>		

#### Employment Information (Individual/Joint accounts)

<b>Check One:</b>	<input type="checkbox"/> Employed	<input type="checkbox"/> Self Employed	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Retired*	<input type="checkbox"/> Other
Employers Name:			Employers Address:		
City:	State/Province:	Postal/Zip Code:	Country:		
Business Phone:	Email:	Position held:			
Nature of Business (required if self employed):					

\*If you are 65 years old or above please complete "Additional High Risk Form"

#### Financial Information (Individual/Joint Accounts)

Annual Income(USD): please circle one Below \$25,000 \$25,000-\$50,000 \$50,000-\$75,000 \$75,000-\$100,000 Over \$100,000	Net Worth (USD):	Liquid Net Worth (USD):
Have you ever declared bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide the date and details below:



**SECTION 1 (CONTINUED)**

**TRADING AND INVESTMENT EXPERIENCE (Individual/Joint Accounts)**

Indicate the years of experience the account owner has in the following investment types:

Stocks \_\_\_\_\_ Equity Options \_\_\_\_\_ Bonds \_\_\_\_\_ Mutual Funds \_\_\_\_\_ Mutual Funds \_\_\_\_\_

Futures \_\_\_\_\_ Futures Options \_\_\_\_\_ CPOs \_\_\_\_\_ FOREX \_\_\_\_\_ Managed Futures \_\_\_\_\_

Indicate the highest level of education achieved

\_\_\_\_\_ High School      \_\_\_\_\_ College      \_\_\_\_\_ Masters      \_\_\_\_\_ Doctorate

**BANK REFERENCE INFORMATION (Individual/Joint Accounts)**

Bank Name:		Bank Address:	
Account Number:		Account Holder Name:	
City:	State/Province:	Postal Code:	Country:
ABA Number:		SWIFT/IBAN Code:	
Bank Contact Name:		Phone Number:	

**SECTION 2 (Joint Accounts only)**

**JOINT ACCOUNT HOLDER (SECOND INDIVIDUAL) PERSONAL INFORMATION**

First Name:		Middle Name:		Last Name:	
Home Address (P.O. Box not acceptable)					
Mailing Address(if different):					
City:		State/Province:		Postal/Zip Code:	
Country:					
* Date of Birth(mm/dd/yyyy):		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Married <input type="checkbox"/> Single	US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security Number (if USA)
Citizenship (country if not USA):		Passport or Driver's license number (if not USA):			Initial Margin (in USD):

\*If you are 65 years old or above please complete "Additional High Risk Form"

**SECTION 3 BUSINESS ACCOUNTS**

**Business Contact Information (Business Accounts Only)**

Business Name:		State/Country of Incorporation:		Type of Business:	
Street Address (P.O. Box not acceptable)					
Mailing Address(if different):					
City:		State/Province:	Postal/Zip Code:		Country:
Tax ID #		Business EMAIL:		Business Phone:	

**Financial Information (Business Accounts Only)**

Annual Income of Business _____		Net Worth of Business _____	
Bank Name:		Bank Address:	
Bank Phone #		Bank Contact Name:	

**Authorized Individuals to Act on Behalf of Business (Business Accounts Only)**

Name:	Position/Title:		
Social Security Number (if US resident):		Passport/Driver's License Number (if non-US resident):	

Name:	Position/Title:		
Social Security Number (if US resident):		Passport/Driver's License Number (if non-US resident):	

**Miscellaneous Information (Business Accounts Only)**

<b>Has this entity ever been registered with any of the following?</b>	
Securities and Exchange Commission (SEC)	____ Yes ____ No
Commodity Futures Trading Commission (CFTC)	____ Yes ____ No
National Association of Securities Dealers (NASD)	____ Yes ____ No
<b>If yes, provide ID numbers _____</b>	

<b>Purpose of Trading Account</b> (one or both) _____ Speculation _____ Hedging	
If "Hedging" please identify pertinent instruments _____	

<b>What is the source of funds for this account?</b> _____
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<b>Will Third Party Funds be used in this Account?</b> _____ Yes _____ No
If Yes, please provide detailed explanation: _____

**SECTION 4**

**MISCELLANEOUS INFORMATION (required for ALL accounts)**

Is there currently or has there ever been any litigation, disputed accounts or other matters between commodity or securities brokers, exchanges, or federal, state or regulatory bodies and you?  
 YES  NO  
 If yes, Which one? \_\_\_\_\_ Please attach a summary description of the matter and its present status and/or disposition.

Will another entity or person trade the funds in this account?  Yes  No  
**If Yes, You must include a Limited Power of Attorney Form with your Application**  
 If Yes, is this entity or person registered?  YES  NO  
 With which regulatory authority? \_\_\_\_\_ ID# \_\_\_\_\_

**NOTICE: Be advised that information pertaining to the firm, its principals, associated persons, and actions and complaints against the firm can be found by logging on to the NFA BASIC website at [www.nfa.futures.org](http://www.nfa.futures.org). It is recommended that you do this prior to opening an account and periodically, at least annually, thereafter.**

**SECTION 5**

**CUSTOMER SIGNATURE (required for ALL accounts)**

*By signing below, you acknowledge that you have read the entire Account Application, including all relevant Risk Disclosures, Trading Rules, Customer Agreements, and that you certify, represent, and warrant that the information you have provided is accurate and complete.*

\_\_\_\_\_  
Customer Signature \_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

**Joint Account Holder or Second Officer Signature, if Corporation (if needed)**

\_\_\_\_\_  
Customer Signature \_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

**Please note: (All business Accounts)**

*If the applicant is a corporation, it must submit a copy of the current year Board of Directors resolution authorizing the use of derivatives and the titles (or individuals) and periods they are authorized to commit the firm to the obligations and liabilities associated with the use of these markets.*

*If the applicant is an LLC, it must submit a copy of the Operating Agreement authorizing the use of derivatives markets and identifying the individuals authorized to commit the organization to the obligations and liabilities associated with such trading.*