CORPORATE ACCOUNT APPLICATION FORM

1. CORPORATE DETAILS

Legal Name of Company
(as per Certificate of Incorporation):

Trading Name (if different):

Country of Incorporation:

Date of Incorporation (DD/MM/YYYY):

Company / Corporate Licence No.:

Nature of Business:

Registered Office Address:

Business Trading Address (if different):

Business Email:

Telephone:

Primary Tax Residence Jurisdiction:

Tax Identification Number (TIN):

Additional Tax Residency Jurisdiction(s) & TIN(s) — if more than one:

LEI Number:

GIIN (if Financial Institution — FATCA):

Is the company regulated by a Financial Services Regulator?: ☐ Yes ☐ No

Licence No.:

Regulator:

Is the company listed on a recognised stock exchange?: ☐ Yes ☐ No

Exchange:

2. DIRECTORS

List ALL directors. Attach additional sheet if more than two. Each director must provide certified ID + proof of address.

DIRECTOR 1

Title (Mr/Ms/Dr):

Full Name:

Date of Birth (DD/MM/YYYY):

Residential Address:

Nationality:

Country of Tax Residence / TIN:

Is this director a Politically Exposed Person (PEP)? ◯ **Yes** ◯ **No**

DIRECTOR 2

Title (Mr/Ms/Dr):

Full Name:

Date of Birth (DD/MM/YYYY):

Residential Address:

Nationality:

Country of Tax Residence / TIN:

Is this director a Politically Exposed Person (PEP)? ◯ **Yes** ◯ **No**

3. BENEFICIAL OWNERS / SHAREHOLDERS (⩾25%)

List each person or entity holding 25% or more equity or voting rights. If no individual meets the threshold, list the natural person exercising control by other means.

BENEFICIAL OWNER 1

☐ **Individual** ☐ **Corporate Entity**

Full Name / Entity Name:

Date of Birth / Incorporation Date:

Holdings (%):

Residential / Registered Address:

Country of Tax Residence:

TIN:

Is this individual a Politically Exposed Person (PEP)? ◯ **Yes** ◯ **No**

If corporate entity: attach details of ultimate natural person(s) behind this entity.

BENEFICIAL OWNER 2

☐ Individual ☐ Corporate Entity

Full Name / Entity Name:

Date of Birth / Incorporation Date:

Holdings (%):

Residential / Registered Address:

Country of Tax Residence:

TIN:

Is this individual a Politically Exposed Person (PEP)? ◯ Yes ◯ No

If corporate entity: attach details of ultimate natural person(s) behind this entity.

4. ACCOUNT & FINANCIAL DETAILS

Base Currency: ☐ USD ☐ EUR ☐ GBP

Expected Initial Deposit (USD equivalent):

Funds Available for Trading (USD):

Annual Turnover of Company (USD):

Net Assets (USD):

☐ < 500K ☐ 500K – 2M

☐ 2M – 10M ☐ 10M – 20M

☐ > 20M

Source of Funds for this Account (tick all that apply):

☐ Operating Revenue

☐ Investment Proceeds

☐ Shareholder Capital

☐ Loan / Credit Facility

☐ Asset Sale

☐ Other:

Banking Details for Deposits & Withdrawals:

Account Name:

Bank Name & Branch:

Sort Code / BIC:

SWIFT:

IBAN / Account No:

5. AML & Compliance Declarations

Has the company ever been subject to bankruptcy or insolvency proceedings?

◯ **Yes** ◯ **No**

Has the company or any director been subject to criminal, regulatory or legal proceedings?

◯ **Yes** ◯ **No**

Does the company operate as a broker, agent or intermediary for any third party?

◯ **Yes** ◯ **No**

Are any funds connected to a high-risk or sanctioned jurisdiction?

◯ **Yes** ◯ **No**

If Yes to any of the above, please provide details by email to cs@godocm.com

6. Client Declaration & Signatures

You should not sign this form if you are unsure of the risks involved in trading margin products. Losses can exceed your initial investment.

By signing below, the authorised representatives confirm on behalf of the Company that:

All information provided is true, accurate and complete.

The company has read and accepts GoDo's Risk Disclosure Statement, Terms of Business, Order Execution Policy, Conflicts of Interest Policy and Privacy Policy.

The company will notify GoDo immediately of any changes including beneficial ownership, PEP status, sanctions status or tax residency. The company, its directors, UBOs and authorised signatories are not named on any international sanctions list.

Funds deposited originate from legitimate sources and will not be used to finance illegal activities.

Signature
(Authorised Representative) :

Full Name (print) :

Position / Job Title :

Date (DD/MM/YYYY) :