

ACCOUNT HOLDER DETAILS

This Power of Attorney is granted on: By:

Title:

Forename:

Surname:

DOB:

Account Number:

WE / I APPOINT (Attorney's Details)

Title:

Forename:

Surname:

DOB:

Address:

Email Address:

Telephone No:

Relationship with Account holder:

to be our/my attorney for the following purposes:

1. To do business with London Capital Group Ltd pursuant to our/my agreement with London Capital Group Ltd and in accordance with the terms and conditions applicable thereto and
2. For the purpose of:
 - (a) operating our/my account (as appropriate) with the exclusion of cash withdrawals and third party transactions;
 - (b) giving oral or written instructions to open and close spread bets

Attorney

We/I confirm what we/I have read, understood and agree to the London Capital Group Terms and Conditions, Risk Warning Notice and Order Execution Policy.

Signed:

Date:

ATTORNEY'S EMPLOYMENT DETAILS

Your status:	Details:
<input type="checkbox"/> Employed (name of employer)	<input type="text"/>
<input type="checkbox"/> Self-employed (name of company)	<input type="text"/>
<input type="checkbox"/> Unemployed (details)	<input type="text"/>
<input type="checkbox"/> Retired	<input type="text"/>
<input type="checkbox"/> Student	<input type="text"/>
<input type="checkbox"/> Other (details)	<input type="text"/>

Are you FSA registered to conduct investment business?

Yes No

ATTORNEY'S TRADING EXPERIENCE

Have you personally, traded in any of the following in the last two years? If so, please indicate whether you have traded rarely, occasionally or frequently.

	Yes	No	How often?	Average trade size
Spread Betting/Trading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
CFDs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Shares	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
FX or Futures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Options	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

Occupational Experience

I have a good understanding of trading in leveraged derivatives due to employment in the financial services sector. Yes No

Qualifications

I have a good understanding of trading in leveraged derivatives due to a relevant professional qualification or by education. Yes No

DECLARATION

We/I irrevocably and unconditionally undertake to ratify whatever our/my Attorney does under the authority or purported authority of this power. We/I agree to indemnify our/my Attorney against all expenses, losses and liabilities incurred by him/her when acting in pursuance of this power. This Deed shall be governed by and construed in accordance with the laws of England and Wales and we/I irrevocably submit to the jurisdiction of the English courts in relation to any dispute arising out of the Deed.

Account Holder

Signature:

Date:

Witness

Signature:

Date:

Name of Witness:

Witness Address:

Postcode:

ADDITIONAL DOCUMENTATION REQUIRED

Once you have completed this form, please return it to Customer Support at 2nd Floor, 6 Devonshire Square, London, EC2M 4AB.

Along with the original form, the account holder needs to provide a COPY of their passport or photographic driving licence to verify their signature.

We may also require identity and proof of address documents from the attorney, please contact Customer Support for more information.

If you have any questions, please contact Customer Support.