

# POWER OF ATTORNEY FORM

Please complete ALL sections on this form

## 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 to:
  - (a) operate our/my account (as appropriate) with the exclusion of cash withdrawals and third party transactions;
  - (b) give oral or written instructions to open and close spread trades;
  - (c) do anything else contemplated by our/my agreement with London Capital Group Ltd which is reasonably necessary for the purposes of our/my spread trading with London Capital Group Ltd pursuant to that agreement.

### Attorney

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

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?

	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

We/I have a good understanding of trading in leveraged derivatives due to employment in the financial services sector.

Yes  No

### Qualifications

We/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 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.

IN WITNESS of which this power of attorney has been executed and delivered as a deed on the date which first appears above.

### Account Holder

Signed:

Date:

### Witness

Signature:

Date:

Name of Witness:

Witness Address:

Postcode:

## ADDITIONAL DOCUMENTATION REQUIRED

Once you have completed this form, please return to Customer Support at 2nd Floor, 6 Devonshire Square, London, EC2M 4AB. Along with the original form. The account holder needs to also provide a COPY to 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.