



NEW ACCOUNT APPLICATION FORM

PLEASE PRINT CLEARLY

PHONE NUMBER (AND FAX NUMBER, IF ANY)		HOME PHONE	PANGAEA ACCOUNT NUMBER (FOR OFFICIAL USE)
EMAIL ADDRESS		LuSE ID NUMBER (FOR OFFICIAL USE)	
COUNTRY OF CITIZENSHIP		NRC/PASSPORT NUMBER	
SURNAME		GIVEN NAMES	
MRS/ MISS/ MR/DR			
POSTAL ADDRESS		DATE OF BIRTH	
PHYSICAL ADDRESS			
EMPLOYER'S NAME		TYPE OF BUSINESS	
EMPLOYER'S ADDRESS		POSITION	
SPOUSE'S NAME		SPOUSE'S OCCUPATION	
FAMILY STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DEPENDENT <input type="checkbox"/> OTHER		APPROXIMATE ANNUAL INCOME	ACCOUNT TYPE <input type="checkbox"/> PROFESSIONAL <input type="checkbox"/> DISCRETIONARY <input type="checkbox"/> MANAGED <input type="checkbox"/> EXECUTION ONLY
PAST EXPERIENCE <input type="checkbox"/> NONE <input type="checkbox"/> STOCKS <input type="checkbox"/> COMMODITIES <input type="checkbox"/> T-BILLS <input type="checkbox"/> BONDS <input type="checkbox"/> MUTUAL FUNDS <input type="checkbox"/> OTHERS		INVESTMENT OBJECTIVES <input type="checkbox"/> INCOME <input type="checkbox"/> LONG TERM GROWTH <input type="checkbox"/> SHORT TERM GROWTH <input type="checkbox"/> SPECULATIVE <input type="checkbox"/> OTHER	CLIENT'S INVESTMENT KNOWLEDGE <input type="checkbox"/> EXCELLENT <input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> POOR
CREDIT REFERENCE			
BANK NAME _____ BRANCH _____			
ACC.NO. _____ OTHER INFORMATION _____			
NAMES OF PUBLIC COMPANIES OF WHICH IS CLIENT IS OFFICER OR DIRECTORS <input type="checkbox"/> NONE <input type="checkbox"/> YES - NAME(S)			
NAMES OF PUBLIC COMPANIES WHICH CLIENT OWNS/CONTROLS 25% OR MORE VOTING/RIGHTS: <input type="checkbox"/> NONE <input type="checkbox"/> YES - NAME(S)			
DOES CLIENT HAVE RELATED ACCOUNTS AT THIS FIRM? <input type="checkbox"/> NO <input type="checkbox"/> YES		ACCOUNTS WITH OTHER FIRMS <input type="checkbox"/> NONE <input type="checkbox"/> YES - NAME(S) OF FIRM	
DOES ANYONE OTHER THAN THE PERSONS NAMED HAVE AUTHORITY OVER, OR ANY FINANCIAL INTEREST IN THE ACCOUNT? <input type="checkbox"/> NO <input type="checkbox"/> YES-NAME(S)			
This information is complete and may be relied upon until the undersigned sends written notice of any significant changes		(FOR OFFICIAL USE)	
SIGNED _____ DATE: _____		RR SIGNATURE _____ DATE: _____ COMMENTS: _____	