

## Client Registration Form (Minor Account)

### Minor's Details

Last name: \_\_\_\_\_  
 First name: \_\_\_\_\_  
 Middle names: \_\_\_\_\_  
 Residency Status: \_\_\_\_\_  
 Nationality: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Country of Birth: \_\_\_\_\_  
 Expiry Date: \_\_\_\_\_

### Parents'/Guardian's Details

Father's name: \_\_\_\_\_  
 Mother's name: \_\_\_\_\_  
 Guardian's name: \_\_\_\_\_  
 Marital Status: \_\_\_\_\_

We, \_\_\_\_\_, hereby declare that we are not involved in or in relation to any act of or dealing with the trafficking of narcotics and dangerous drugs and proceeds of such trafficking, contrary to the Dangerous Drug Act 2000, terrorist financing under the Prevention of Terrorism Act 2002; and/or such money laundering offences under the Financial Intelligence and Anti-Money Laundering Act 2002 and any other applicable Legislation.

We declare that all the information provided in this form is true and complete. We undertake to notify AXYS Stockbroking Ltd immediately in writing of any change in particulars or information provided above.

Signature (F): \_\_\_\_\_  
 Signature (M): \_\_\_\_\_  
 Signature (G): \_\_\_\_\_  
 Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

### Customer Authorisations

Authority to give instructions is granted to:

Do you authorise AXYS Stockbroking Ltd to accept orders/instructions which are either called in by telephone or sent via email/fax at your risk?

No  Yes (If you do, please fill in the *Indemnity Agreement*)

Do you authorise AXYS Stockbroking Ltd to sign CDS Account Opening and CDS Deposit forms on the Minor's behalf?

No  Yes (If you do, please fill in the *CDS authorisation form*)

Would you like dividends earned (if any) to be credited to the Minor's bank account?

No  Yes (If you do, please provide *bank account* details)

### For Office Use Only

Introduced by: \_\_\_\_\_  
 Checked by: \_\_\_\_\_  
 Approved by: \_\_\_\_\_  
 Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_