

For Official Use		
Futures A/C No	AE Code	Approved By



**PT Phillip Futures**

**Corporate / Firm  
Account Application Form**

**ANZ Tower, Level 23B  
Jalan Jenderal Sudirman Kav 33A, Jakarta 10220 – Indonesia  
Tel: (62 21) 5790 6525 Fax: (62 21) 5790 6526**

## CHECKLIST FOR CORPORATE / FIRM ACCOUNT APPLICATION FORM

### Supporting Documents:

1. NIRC / Passport of Directors
2. Latest Audited Financial Statements or Annual Report
3. Certificate of Incorporation / Registration
4. Memorandum and Articles of Association
5. Director's Resolution or Power of Attorney
6. List of Authorised Signatures and List of Authorised Traders
7. Specimen signatures of persons authorised to operate the account (The authorised signatories to act in accordance with the terms of the Customer Trading Agreement).
8. Certificate of Good Standing (only for Tax Haven Countries)
9. Certificate of Incumbency (only for Tax Haven Countries)

Please complete and sign this Account Application Form. Where asterisks (\*) are indicated below, please delete accordingly.

**CORPORATE / FIRM PROFILE**

Name of Company:

Registered Address:  
(and Business Address if different)

Mailing Address:  
(if different from above)

Contact Person:

Preferred Contact No:   Office Tel No 1:

Office Tel No 2:   Fax no:

Email Address 1:

Email Address 2:

Bank Name / Country:   Bank A/C No:

Business Type: Corporation / Partnership / Sole Proprietorship\* Registration No:

Incorporation / Registration Date:  Paid Up Capital:

Place of Incorporation / Registration:  Nature of Business:

Shareholders' Equity / Funds:

Directors / Principal Partners / Sole Proprietor\* (Kindly attach list if necessary)

Name	Address	Existing Phillip Futures A/C
a.		
b.		
c.		
d.		

**DECLARATION OF BENEFICIAL OWNERSHIP**

Does any other person or entity have any financial interest in this account? YES / NO\*

I / We hereby certify and confirm that the following individual(s) ultimately own(s) or has / have effective control over the Account ("Beneficial Owners"). Please provide a copy of Beneficial Owner's identification document(s). Kindly attach list if necessary.

Name	NRIC / Passport No	Contact No	% of Sharing
a.			
b.			
c.			
d.			

**COMPANY RISK PROFILE**

Investment Objective:

Hedge  Speculative

Main trading & hedging interest:

Financial Futures  Commodities  Spot Foreign Exchange/ bullion  Others (please specify):

**CONSENT TO ELECTRONIC STATEMENT CONFIRMATIONS**

Please sign if agreed:

The applicant(s) consents to receive daily trade Confirmations by way of Phillip Futures making it available via e-mailing such Confirmations to the e-mail address specified in this Application Form. This service is available at no additional charge and will be effective until the applicant(s) otherwise notifies Phillip Futures in writing. By giving such consent, the applicant(s) understands that Phillip Futures will cease to send hard copies of such Confirmations through mail. If the applicant(s) still wishes to receive hard copies of such Confirmations, the applicant(s) may make a request to Phillip Futures accordingly by completing the "Request Statements through Mails" form.

Authorised person Signature		Name, Title / Designation	
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**DECLARATION, EXECUTION AND SPECIMEN SIGNATURE(S)**

In consideration of Phillip Futures opening an Account in the name of the applicant(s) herein as indicated in this Application Form the applicant(s) declares, warrants and agrees:

- (a) that all information submitted in connection with this Application Form is true and accurate in all respects;
- (b) that the applicant(s) has received, read, understood, accepted and agreed to the terms and conditions set out in this Agreement;
- (c) that the applicant(s) shall supply any additional information as Phillip Futures may require in connection with the processing of this Application Form and the opening, operation and maintenance of any account or facility established with Phillip Futures;
- (d) that the applicant(s) will execute all documents and instruments (including any security documents) and do all acts and things as may be required by Phillip Futures in connection with the processing of this Application Form and the opening, operation and maintenance of any account or facility established with Phillip Futures, and
- (e) that the person(s) whose specimen signature(s) provided is entitled, authorised and empowered to operate the Account until twenty-one(21) days after written notice to the contrary is given to and actually received by you.

Director / Partner / Proprietor Signature for and on behalf of the above named Corporation.

Name, Signature & Date		Name, Signature & Date	
Name, Signature & Date		Name, Signature & Date	
Name, Signature & Date		Name, Signature & Date	

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<input type="checkbox"/> Approved <input type="checkbox"/> Rejected		
Customer Code : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Opening Date : <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Closing Date : <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
_____ Marketing	_____ Settlement/Risk	_____ Director