

CORPORATE & PARTNERSHIP APPLICATION FORM

SECTION ONE: ACCOUNT DETAILS

Company Name _____

Company Registration No _____

Address _____

_____ Post Code _____

Telephone _____ Fax _____

Email _____ Website _____

Current Business Status: Sole Trader Partnership Charity
 Limited Company Public Limited Company Other _____

Nature of Business _____

FX Requirement: Send foreign currency Receive foreign currency Both

Expected Monthly Amount (in GBP): 0 < £10k £10k - £25k £25k - £50k £50k - £250k £250k +

Approximate number of payments (PCM): < 5 6 - 10 11 - 25 26 - 100 100 +

Currencies Dealing With GBP EUR USD Other _____

Annual Volume (GBP equiv.) _____

Countries Remitting To _____

SECTION TWO: AUTHORISED CONTACTS

PRIMARY AUTHORISED CONTACT

Name _____

Position _____

Telephone _____

Email _____

Residence Address _____

D.O.B _____

ADDITIONAL AUTHORISED CONTACT

Name _____

Position _____

Telephone _____

Email _____

Residence Address _____

D.O.B _____

SECONDARY AUTHORISED CONTACT

Name _____

Position _____

Telephone _____

Email _____

Residence Address _____

D.O.B _____

ADDITIONAL AUTHORISED CONTACT

Name _____

Position _____

Telephone _____

Email _____

Residence Address _____

D.O.B _____

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SECTION THREE: COMPLIANCE

SHAREHOLDER 1

Full Name _____

Occupation _____

Residence Address _____

% Ownership _____

SHAREHOLDER 3

Full Name _____

Occupation _____

Residence Address _____

% Ownership _____

SHAREHOLDER 2

Full Name _____

Occupation _____

Residence Address _____

% Ownership _____

SHAREHOLDER 4

Full Name _____

Occupation _____

Residence Address _____

% Ownership _____

ADDITIONAL SHAREHOLDER INFORMATION

To meet statutory obligations, we are required to identify the business and its corresponding directors, shareholders and those authorised contacts as stated in Section Two of this Application Form. For UK directors, shareholders and authorised contacts, upon receipt of your application, we will submit an electronic identity check. If we are unable to fully verify the individuals we may ask you to provide further supporting documentation. For non-UK directors, shareholders and authorised contacts, a list of required documentation will be provided at the time of application.

Please also provide the following documentation with your completed application:

- Company utility bill or bank statement, dated within the last 3 months.

SECTION FOUR: ACKNOWLEDGEMENT & SIGNATURE

I / We the undersigned, understand that Casco Financial Services Ltd will rely on this information when processing this application and represent that such information is correct and complete. I / We hereby agree to notify Casco Financial Services Ltd promptly in writing if there is any material change. I / We have read and understood the Terms and Conditions of Casco Financial Services Ltd.

Signature _____

Name (please print) _____

Position _____

Date _____

Please now scan and email this signed and completed form to compliance@cascofx.com,

fax to +44(0)207 785 8200 or post the original to:

Casco Financial Services Ltd, 55 Goswell Road, London, EC1V 7EN

If you have any questions regarding your application, please feel free to contact our team on

+44(0)203 478 2190