

Joint Account Application Self-Trading

BlueInvest Capital is a trading name of Hogg Capital Investments Ltd, a fully licensed Class II Investment Firm (registration number C 18954) authorized and regulated in Malta by the Malta Financial Services Authority (MFSA) under the Investment Services Act and located at Nu Bis Centre, Mosta Road, Lija LJA9012, Malta.
The Company is also authorized to passport its services in the following EU Member States:
<https://www.mfsa.mt/financial-services-register/>

Address: Nu Bis Centre, Mosta Road, Lija LJA 9012, Malta
E-mail: info@blueinvestcapital.com
Tel: +356 23273300
Fax: +356 2134 2760
Website: www.blueinvestcapital.com

BlueInvest Capital Account Registration

This form is for clients wishing to open a joint investment account with BlueInvest Capital/Hogg Capital Investments Limited (hereafter referred to as "the Company", or "BIC/HCI").

Important Disclosure: please be informed that BIC/HCI will not provide the services of reception and transmission of orders and execution of orders on behalf of clients. BIC/HCI will act as Introducing Broker only, in favour of Interactive Brokers Ireland Limited, an Investment Firm regulated by the Central Bank of Ireland (CBI, reference number C423427), registered with the Companies Registration Office (CRO, registration number 657406), and member of the Irish Investor Compensation Scheme (ICS), Registered Office: 10 Earlsfort Terrace, Dublin, D02 T380, Ireland (hereinafter referred to as "Interactive Brokers Ireland").

Please complete all sections in **BLOCK LETTERS**.

Account Details

Country

Currency

EUR USD GBP

Partner name (if any)

ASSET CLASS(ES) CONFIGURATION

Direct Securities Managed Funds & ETFs Options & CFD's
Online Foreign Exchange Transactions Complex Investment Products

FOR INTERNAL USE

CLIENT(S) CLASSIFICATION RETAIL PROFESSIONAL

NEW CLIENT REFERENCE _____

NO. ACCOUNT MANAGER _____ DATE _____

**SECTION 1
PERSONAL DETAILS
APPLICANT 1**

This section is mandatory and must be completed in full by Applicant 1

Title Mr Mrs Ms Miss Other

Surname

First names

Please provide an address to enable us to forward you reports in a timely manner.

Home address

Postcode

Correspondence address if different

Postcode

Telephone numbers

Home

Office

Mobile

Fax

Email

Date of birth

Place of birth (town and country)

Nationality

Country of residence for tax purposes

Tax identification number

How many years have you lived at your present address

Marital Status

Maiden Name (where appropriate)

Preferred method of communication

E-MAIL

PHONE

FAX

POSTAL MAIL

Confirmation of your identity

Identity and address verification for Applicant 1

Anti-money laundering regulations require us to verify your identity and address. Please complete the fields below and provide us a color copy of your ID card or passport and a document which will evidence your permanent address, including a recent (not older than 3 months) utility bill (not a mobile phone bill), or a recent bank or credit card statement.

ID Type

ID Number

ID expiry date

**PERSONAL DETAILS
APPLICANT 2**

This section is mandatory and must be completed in full by Applicant 2

Title Mr Mrs Ms Miss Other

Surname

First names

Only complete this section if different to that of Applicant 1

Home address

Postcode

Correspondence address if different

Postcode

Telephone numbers

Home

Office

Mobile

Fax

Email

Date of birth

Place of birth (town and country)

Nationality

Country of residence for tax purposes

Tax identification number

How many years have you lived at your present address

Marital Status

Maiden Name (where appropriate)

Preferred method of communication

E-MAIL

PHONE

FAX

POSTAL MAIL

Confirmation of your identity

Identity and address verification for Applicant 2

Anti-money laundering regulations require us to verify your identity and address. Please complete the fields below and provide us a color copy of your ID card or passport and a document which will evidence your permanent address, including a recent (not older than 3 months) utility bill (not a mobile phone bill), or a recent bank or credit card statement.

ID Type

ID Number

ID expiry date

**SECTION 3
FINANCES
APPLICANT 1**

Your financial situation

Kindly note that each applicant should complete this Section with respect to its individual circumstance

INCOME

Approximate regular annual earned income (before tax)

The source of your regular annual earned income

YOUR SOURCE(S) OF WEALTH

The term "source of wealth" refers to the economic activity which has generated and/or continues to generate your net worth. Please note that we may request that you provide additional information and/or documentation in support of your declarations below and in accordance with its on-boarding and due diligence procedures.

Past savings

Inheritance

Sale of property

Proceeds from investments

Other (please state)

Please let us know any other details you feel could be relevant to the management of this account

AVAILABLE FUNDS FOR TRADING

ANTICIPATED INITIAL DEPOSIT

YOUR SOURCE(S) OF FUNDS

The term "source of funds" refers to the activity, event, business, occupation or employment from which your initial deposit and/or funds you have declared as available for trading are generated.

YOUR ORIGIN OF FUNDS

This refers to where the funds for investment are being transferred from e.g. transfer from a bank account in your name, transfer of assets held to your account with another broker, etc.

APPLICANT 2

Your financial situation

INCOME

Approximate regular annual earned income (before tax)

The source of your regular annual earned income

YOUR SOURCE(S) OF WEALTH

The term "source of wealth" refers to the economic activity which has generated and/or continues to generate your net worth. Please note that we may request that you provide additional information and/or documentation in support of your declarations below and in accordance with its on-boarding and due diligence procedures.

Past savings

Inheritance

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Other (please state)

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SECTION 4
THIRD PARTY AUTHORISATION

Do you want us to provide information on your portfolio to third parties?

Yes No

If yes, please indicate below

- General correspondence
- Quarterly valuations & statements
- Contract notes

Please provide contact details

Contact name _____

Role _____

Name of firm (if applicable) _____

Address _____

Email _____

Telephone _____

Do you want us to accept instructions from a third party?

Yes No

Please note that anti money laundering legislation requires us to obtain proof of identity / address documentation in respect of any third party that exercises control over the account. We may need to contact you for further information. We will only accept instructions from ONE third party.

Please provide contact details

Contact name _____

Role _____

Name of firm (if applicable) _____

Address _____

Email _____

Telephone _____

**SECTION 5
ACCOUNT SET-UP**

Please complete this section in full

We can only transfer funds to bank accounts that we hold on our database. Without these details we cannot pay funds to your bank account directly.

Bank account details

Name of Bank _____

Address _____

Postcode _____

Name(s) of account holder(s) _____

Account number / IBAN _____

SWIFT / Sort Code _____

**SECTION 6
COMPENSATION
ACKNOWLEDGEMENT**

I/We hereby authorize BIC/HCI to charge the trading commission and/or spread mark-up and any other fees as per remuneration schedule downloadable on a durable medium by this link: <https://www.blueinvestcapital.com/en/fees/> , accessible through the following credentials:
Username: BicHciuser Password: BicHci2022

**SECTION 7
DECLARATION**

All account holders must sign and date this declaration

I/We undertake to advise BIC/HCI of any change in circumstances which causes the information contained herein to become incorrect or incomplete and to provide BIC/HCI with an updated declaration of such change in circumstances within as reasonable a period of time as possible.

Clients' accounts held with Interactive Brokers Ireland:

I/We confirm that the Customer Agreement/Terms of Business document of the broker where my/our trading account will be held has been provided to me/us and I/we further confirm that its contents are duly noted, understood and accepted and hence will be duly adhered to for as long as this contract shall remain in force and as may occasionally be amended principally to reflect changes in legislation as it may impact upon prevailing financial services regulations or any other factors which may affect any of the terms and conditions contained within this contract and the basis of this professional relationship.

Name Applicant 1

Signature

Date

Name Applicant 2

Signature

Date

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