

Account Agreement

Application form for business clients

Complete and sign

Phone: **+44 (0) 207 823 7711**
 Email: **medilink@moneycorp.com**
 Post: **moneycorp Group**
Floor 5
Zig Zag Building
70 Victoria Street
London
SW1E 6SQ

Our dedicated team is available to provide any assistance in completing this form
+44 (0) 207 823 7400

Please complete this form in **BLOCK CAPITALS**

Name of organisation: _____ (the Client)

Trading name (if different): _____

Business address: _____

Country: _____ Postcode: _____

Main business/landline telephone number: _____

Fax number: _____

Email: _____ Website: _____

Company/LLP registration number: _____

VAT number: _____

Address of registered office (if different): _____

Country: _____ Postcode: _____

Name of main bank: _____

Bank sort code: _____ Account number: _____

Nature of business: _____

Reason for currency requirement: _____

How did you hear about our services? Medilink _____

How often do you expect to buy or sell currency?
 Daily Weekly Monthly Quarterly Annually

What is the typical transaction size (GBP)? _____

What is the annual GBP value of your foreign currency requirement? Text Goes Here _____

With which of the following countries/regions do you trade internationally?
 Eurozone N. America China Australia S. America
 Japan M. East Other

If other, please specify: _____

How many payments do you make monthly? _____

Has your organisation been incorporated for more than two years?
 Yes No If no, please enclose a full copy of a company bank statement with this Account Agreement*

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Remember to include all relevant supplementary information with your Account Agreement.

Please keep a copy of the terms and conditions for your records. You can view and print them at www.moneycorp.com/terms

We wish to use the services of the Moneycorp Commercial Foreign Exchange Division and we accept your terms and conditions. We warrant that the above information is correct and that any changes will be notified immediately to Moneycorp in writing.

SIGNATURE by a Board Director/Partner/Proprietor: (Please sign box)

Please Sign Here

Signatory's name (IN CAPITALS):

Official title (eg FINANCIAL DIRECTOR):

Date:

Date of Birth*:

Residential Address*:

*Required for electronic identity and address verification

We at moneycorp take our obligations regarding use of your data very seriously. We will use your details for communicating with you and for sending you marketing information in relation to the services that we (Moneycorp and its subsidiary companies) provide by telephone, post, fax and email, text message or similar electronic messaging system. We will not pass your details on to any third party without your prior consent.

If you would **not** like to receive marketing information from Moneycorp and its subsidiary companies by email, text message or similar electronic messaging system, please tick the following box

If you **would** like to receive third-party marketing information, please tick the following box

Access Rights

Please provide the name(s) and signature(s) of the person(s) authorised to enter into contracts to buy and sell currency and give instructions on behalf of your company online and offline.

AUTHORISED SIGNATORY 1

Name:

Position:

SIGNATURE: (Please sign box)

Please Sign Here

Email:

Date of Birth (Required for moneycorp online log-in reset):

Mobile number:

AUTHORISED SIGNATORY 2

Name:

Position:

SIGNATURE: (Please sign box)

Please Sign Here

Email:

Date of Birth (Required for moneycorp online log-in reset):

Mobile number: