

OANDA TMS Brokers S.A. – account opening form

Framework Agreement no.

To be filled in by an OANDA TMS Brokers S.A. employee

Number of cash account		ID no.	
Number of cash account		ID no.	
Number of cash account		ID no.	
Number of cash account		ID no.	

To be filled in by the person submitting the request

Full name of the Client	
Person submitting the request	<input type="checkbox"/> Client <input type="checkbox"/> Proxy (please indicate your full name): _____

Please open a new account under the Framework Agreement indicated above

Service variant	Account base currency	Withdrawals data
CFDs (TMS Connect)	<input type="checkbox"/> PLN <input type="checkbox"/> EUR <input type="checkbox"/> USD <input type="checkbox"/> CZK <input type="checkbox"/> GBP	<input type="checkbox"/> Withdrawals to Client's cash account indicated in the Client Data Sheet
		<input type="checkbox"/> Bank account no.: _____
Stocks	<input type="checkbox"/> PLN <input type="checkbox"/> EUR <input type="checkbox"/> USD	<input type="checkbox"/> Withdrawals to Client's cash account indicated in the Client Data Sheet
		<input type="checkbox"/> Bank account no.: _____
TMS Direct / TMS MiniDirect	<input type="checkbox"/> PLN <input type="checkbox"/> EUR <input type="checkbox"/> USD	<input type="checkbox"/> Withdrawals to Client's cash account indicated in the Client Data Sheet
		<input type="checkbox"/> Bank account no.: _____

Date: _____

Signature: _____

To be completed by an employee of OANDA TMS Brokers S.A.

I confirm:
 complete and correct completion of the Instruction to open a cash account,
 the conformity of the Client's signature with the specimen signature on the Client Data Sheet or personal verification of the identity of the person making the
 instruction or verification of identity with the use of a telephone password.

_____ Date

_____ (signature of OANDA TMS Brokers S.A. employee)