

**ACCOUNT OPENING FORM
FOR PROFESSIONAL CLIENT**

The professional client identified below (the “**Client**”), duly represented herein by the Client’s authorized representative(s), also identified below, hereby requests the opening of an account with **EUROXX SECURITIES S.A. (“Euroxx”)** for the provision of Services by Euroxx in relation to one or more Financial Instruments.

CLIENT IDENTIFICATION & CONTACT DETAILS:

Registered trade name:		
Registration nr:		
Type of institution:		
Supervisory authority:		
Licence nr:		
Registered offices	Address:	
	City:	Postal Code:
	Country/ State:	
Telephone nr:		Fax nr:
Email(s):		
Details of the Client’s Legal Representative(s)		
1.	Name/surname:	
	Position:	
	Address:	
2.	Name/surname:	
	Position:	
	Address:	

The Client accepts its categorization as “professional client” and acknowledges receipt of all the appropriate information in order to utilise the Services provided by Euroxx (including, inter alia, any relevant best execution and other policies and terms).

For Euroxx

For the Client

By: **GEORGE POLITES**
 Position: **CHIEF EXECUTIVE OFFICER**
 DATE:

By:
 Position:
 DATE: