

APPLICATION FORM

Type of account you wish to open:

Individual Joint Corporate

REF-IB # _____

Full Name: _____ Male Female

Address: _____

City: _____ **Zip:** _____

State/Province: _____ **Country:** _____

Citizenship: _____ **Date Of Birth:** _____

Phone: _____ **Fax:** _____

Cell Phone: _____ **Email:** _____

Please acknowledge that you have read, understood and agree to the following agreements.

To protect your account security it is imperative that we have your signature on file.

Your account will be opened after we receive the following documents:

1. This Application Form completed and signed in all marked places.
2. Copy of your ID card or Passport.
3. Proof of residency- National ID card, Utility bill or Bank statement within 12 months.
4. Corporate accounts please contact us at INFO@GIBLTD.com

Please read and sign the following agreements:

Customer Agreement

Risk Disclosure

Electronic Trading Agreement