



Wholly-owned subsidiary of
GSTechnologies Ltd (LON:GST)

Company Registration Number 06953910

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Account application (Form 1)

If you have any questions about how to fill in this form, please send an email to: info@angrafx.com

PART A

1. Entity

Company name:

Trading name (if any):

What is the legal structure of the company?

- | | |
|--|-------------------------------------|
| <input type="radio"/> Limited company by shares | <input type="radio"/> Self employed |
| <input type="radio"/> Limited company by guarantee | <input type="radio"/> Charity |
| <input type="radio"/> Partnership | <input type="radio"/> Other |

Full legal (registered) address:

Full primary business address (if different from above):

Telephone number:

Website:

Email:

Main activity:

Secondary activities:

Country of incorporation:

Date of entity incorporation/establishment:

Corporate registration number:

Name of the companies' registrar (e.g. companies house):

Name of primary financial regulator/supervisory authority:

Number of employees:

Please provide detailed description of services and products you provide:

PART B

1. Shareholders/Beneficial owners

If there are more than four shareholders/ultimate beneficial owners, please provide the information below on a supplementary sheet.

Title: I.

II.

III.

IV.

First name: I.

II.

III.

IV.

Surname: I.

II.

III.

IV.

Other name(s): I.

II.

III.

IV.

Position: I.

II.

III.

IV.

% Shares: I.

II.

III.

IV.

Permanent residential: I.

II.

III.

IV.

Address: I.

II.

III.

IV.

Town and county: I.

II.

III.

IV.

Post code: I.

II.

III.

IV.

Country: I.

II.

III.

IV.

Date of birth: I

II

II

IV

Country of birth: I.

II.

III.

IV.

Passport number: I.

II.

III.

IV.

Passport expiry date: I.

II.

III.

IV.

Nationality: I.

II.

III.

IV.

Telephone: I.

II.

III.

IV.

Occupation or business: I.

II.

III.

IV.

Email: I.

II.

III.

IV.

2. Directors

Title: I.

II.

III.

IV.

First name: I.

II.

III.

IV.

Surname: I.

II.

III.

IV.

Other name(s): I.

II.

III.

IV.

Position: I.

II.

III.

IV.

Permanent residential: I.

II.

III.

IV.

Address: I.

II.

III.

IV.

Town and county: I.

II.

III.

IV.

Post code: I.

II.

III.

IV.

Country: I.

II.

III.

IV.

Date of birth: I

II

II

IV

Country of birth: I.

II.

III.

IV.

Passport Number: I.

II.

III.

IV.

Passport expiry date: I.

II.

III.

IV.

Nationality: I.

II.

III.

IV.

Telephone: I.

II.

III.

IV.

Email: I.

II.

III.

IV.

3. Authorized signatories (only Directors/Shareholders):

I.

Name:

Title:

Specimen Signature

II.

Name:

Title:

Specimen Signature

III.

Name:

Title:

Specimen Signature

IV.

Name:

Title:

Specimen Signature

PART C**1. Estimated size and frequency of deposits:**

DEPOSITS	WEEKLY	MONTHLY	QUARTERLY	YEARLY
\$1,000 - \$10,000				
\$10,001 - \$50,000				
\$50,001 - \$100,000				
\$100001 - \$150,000				
\$150,001 - \$200,000				
\$200,001 - \$250,000				
\$250,001 - \$500,000				
\$500,001 - \$750,000				
\$750,001 - \$1,000,000				
Other (explain)				

Average value per incoming deposits:

Please outline countries from where deposits will come from:

Deposits currencies:

 GBP USD EUR CHF Other / specify:**2. Estimated size and frequency of withdrawals:**

DEPOSITS	WEEKLY	MONTHLY	QUARTERLY	YEARLY
\$1,000 - \$10,000				
\$10,001 - \$50,000				
\$50,001 - \$100,000				
\$100001 - \$150,000				
\$150,001 - \$200,000				
\$200,001 - \$250,000				

Average value per incoming deposits:

Please outline countries from where deposits will come from:

Deposits currencies:

 GBP USD EUR CHF Other / specify:

SIGNATURES

For and on behalf of:

[Company name]

By:

[Signature]

Name:

[Print name]

Position:

Date:

By:

[Signature]

Name:

[Print name]

Position:

Date:

Please return this form duly signed and stamped along with the copies of the following documents:

1. Certificate of Incorporation;
2. Memorandum and Articles of Association;
3. Beneficial Owner(s) / Shareholders ID;
4. Beneficial Owner(s) / shareholders proof of address (less than three months old);
5. Company proof of address (less than three months old);
6. Directors proof of address (less than three months old);
7. Latest Annual Accounts;
8. Organisational chart (if available);

Financial Services Only:

9. AML Supervision certificate (if applicable);
10. Certificate of Regulator to supply Financial Services;
11. Copy of AML/CFT Manual.