



## Individual Account Application

Please Fax All Documentation to:

(646) 619-4521

OR

Scan and E-Mail to: [Apply@GallantFX.com](mailto:Apply@GallantFX.com)





**\*Customer Information**

\*First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

\*Last Name: \_\_\_\_\_

\*Residence Address: \_\_\_\_\_ Apt. No. \_\_\_\_\_

\*City: \_\_\_\_\_

\*State/Province: \_\_\_\_\_ \*Zip: \_\_\_\_\_

\*Country of Residence: \_\_\_\_\_

\*US Citizen?  Yes  No If no, country of citizenship: \_\_\_\_\_

\*Telephone: (\_\_\_\_) \_\_\_\_\_

Mobile: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

\*Email Address: \_\_\_\_\_

\*Social Security/Tax ID#: \_\_\_\_\_

Gender:  Male  Female

**\*Photo ID Type (Must check one)**

Driver's License (Preferred in US)  
State Issued \_\_\_\_\_

Passport (Preferred if outside US)

Voter's Registration Government Issued ID

Photo ID # \_\_\_\_\_



**\*Employment Information**

***\*Details (Must check one)***

Employed       Self-Employed       Student  
 Homemaker       Unemployed       Retired       Other: \_\_\_\_\_

\*Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

\*Business Address: \_\_\_\_\_

\*Business Telephone: (\_\_\_\_) \_\_\_\_\_

\*City: \_\_\_\_\_ \*State/Province: \_\_\_\_\_ \*Zip: \_\_\_\_\_ \*Country: \_\_\_\_\_

\*Nature of Business? \_\_\_\_\_

**Referring Party**

Name of Referring Party (If applicable): \_\_\_\_\_

**\*Choose a Security Question**

What is your mother's maiden name? \_\_\_\_\_

What city were you born in? \_\_\_\_\_



**\*Financial Information**

***\*Annual Income: (Must Check one)***

Less than \$25,000     \$25,000–\$50,000     \$50,000–\$100,000

\$100,000–\$250,000     \$250,000–\$500,000     \$500,000–\$1,000,000

Over \$1,000,000

***\*Net Worth: (Must Check one)***

Less than \$25,000                       \$25,000–\$50,000                       \$50,000–\$100,000

\$100,000–\$250,000                       \$250,000–\$500,000                       \$500,000–\$1,000,000

Over \$1,000,000

\*Are you the debtor in a pending bankruptcy proceeding?     Yes     No

***\*Additional Risk Disclosure:***

If customer's annual income or net worth is less than \$25,000, customer acknowledges understanding of additional risk disclosure by checking below:

Yes                       No



**Complete p. 6 only if joint account with spouse. If N/A skip to p. 7.**

**\*Relationship and Spouse Information**

\*What is your relationship to the primary account holder?

Spouse     Other    If other; please state relationship: \_\_\_\_\_

\*Spouse's Name: \_\_\_\_\_

\*Date of Birth: \_\_\_\_\_

\*Social Security # \_\_\_\_\_

Email Address: \_\_\_\_\_

\*Nature of Business: \_\_\_\_\_

**\*Spouse's Photo ID Type (Must check one)**

Driver's License (Preferred in US)  
State Issued \_\_\_\_\_

Passport (Preferred if outside US)

Voter's Registration Government Issued ID

Other Government Issued ID: \_\_\_\_\_

Photo ID # \_\_\_\_\_



**\*Personal Banking Reference**

\*Bank Name: \_\_\_\_\_

\*Account holder: \_\_\_\_\_

\*Branch Name: \_\_\_\_\_

\*Account Number: \_\_\_\_\_

\*ABA#: \_\_\_\_\_ \*Swift #: \_\_\_\_\_

\*Bank Address: \_\_\_\_\_

\*City: \_\_\_\_\_ \*State/Province: \_\_\_\_\_

\*Zip: \_\_\_\_\_ \*Country: \_\_\_\_\_

**\*Trading Experience**

| <u>Type of Investment</u> | <u>Check if no Experience</u> | <u>Number of Years Trading</u> | <u>Firm Name</u> |
|---------------------------|-------------------------------|--------------------------------|------------------|
| Securities                | —                             | _____                          | _____            |
| Futures                   | —                             | _____                          | _____            |
| Currency                  | —                             | _____                          | _____            |



**\*Trading Information (All items must be completed)**

1. Does any other person or entity have a financial interest in this account?

Yes  No

If yes, please explain: \_\_\_\_\_

2. Are you employed by a registered Broker/Dealer?

Yes  No

If yes, please provide firm name: \_\_\_\_\_

3. Will any other person or entity control or manage trading in this account?

Yes  No

If yes, please provide the name and relationship of the person or entity:  
\_\_\_\_\_

**\*Signature**

Customer represents that all information on the foregoing account application is true and correct, and agrees to notify Gallant FX Inc. of any material changes in writing. Gallant FX Inc. reserves the right, but has no duty, to verify the accuracy of information provided, and to contact such bankers, brokers and others as it deems necessary.

By signing below, you are providing 'written instructions' to Gallant FX Inc. under the Fair Credit Reporting Act authorizing Gallant FX Inc. to obtain information from your personal credit profile or other information from Experian and other third parties (including other credit reporting entities). You authorize GALLANTFX Inc. to obtain such information solely to confirm your identity and to avoid fraudulent transactions in your name.

AGREED AND AUTHORIZED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_.

Primary Customer Signature

Primary Customer Name (Printed)

\_\_\_\_\_

\_\_\_\_\_

Joint Customer Signature

Joint Customer Name (Printed)

\_\_\_\_\_

\_\_\_\_\_



## New Account Check List:

1. Completed Application
2. Signed Customer Agreement
3. Proof of Address: (Must be a physical address)
  - Utility Bill, Credit Card Statement, etc.
4. Copy of Photo ID

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