

Iran Mercantile Exchange



Institutional Clients' Request Form

Date:

IME Code:

Client's Full Name

Nationality.....

Legal Status.....

Field of Activity.....

Registration No.

Foreign Clients' ID Code No.:

Registration Place:

Registration date:

Name of CEO:

Passport No:

Website.....

Email.....

Address.....

Zip Code:

--	--	--	--	--	--	--	--	--	--

Phone No.....

Fax No.....

Members of the board of directors, managing director and the authorized signatories:

	Full Name	Title/ Position	Office Tenure		Authorized Signatory	Sample of Signature
			Begin	End		
1					Yes <input type="checkbox"/> No <input type="checkbox"/>	
2					Yes <input type="checkbox"/> No <input type="checkbox"/>	
3					Yes <input type="checkbox"/> No <input type="checkbox"/>	
4					Yes <input type="checkbox"/> No <input type="checkbox"/>	
5					Yes <input type="checkbox"/> No <input type="checkbox"/>	
6					Yes <input type="checkbox"/> No <input type="checkbox"/>	

Shareholders owning 10% of Shares and more

No.	Full Name	Number	% percentage	Considerations
1				
2				
3				
4				
5				

Bank Account information

Bank Account..... Branch Name..... Branch Code.....
 Account Type..... Account No.

Certifying the above stated information, I hereby declare that the stated address here in this form is my legal home and I undertake to inform the brokerage firm promptly about any changes in my legal address

Full name of authorized Signatories: Seal : Date:

I, , employee of brokerage firm, received this form on / / and confirm the conformity of the information stated therein.

Certifier's Full Name & Signature:

Seal of the Brokerage firm: