

PRIVATE CLIENT APPLICATION FORM

SECTION ONE: PRIMARY APPLICANT

Title Mr. Mrs. Miss. Ms. Dr. Other _____
Forename _____ Surname _____
Address _____

Post Code _____
Telephone _____ Mobile _____
Email _____ Fax _____
Nationality _____ Date of Birth _____
Purpose of Transfer _____
Estimated Volume (£) _____ Frequency of Transfer _____
Currencies Dealing With GBP EUR USD Other _____
Countries Remitting To _____

SECTION TWO: SECONDARY APPLICANT

Title Mr. Mrs. Miss. Ms. Dr. Other _____
Forename _____ Surname _____
Address _____

Post Code _____
Telephone _____ Mobile _____
Email _____ Fax _____
Nationality _____ Date of Birth _____

SECTION THREE: IDENTIFICATION DOCUMENTS

Please also provide photocopies of the following documentation with your completed application:

Photographic ID such as passport, driving licence or ID card

Proof of address such as bank statement or utility bill (must be dated within the past 3 months)

SECTION FOUR: ACKNOWLEDGEMENT & SIGNATURE

I / We the undersigned, understand that Casco Financial Services Ltd will rely on this information when processing this application and represent that such information is correct and complete. I / We hereby agree to notify Casco Financial Services Ltd promptly in writing if there is any material change. I / We have read and understood the Terms and Conditions of Casco Financial Services Ltd.

PRIMARY APPLICANT

Signature _____
Name (please print) _____
Date _____

SECONDARY APPLICANT

Signature _____
Name (please print) _____
Date _____

Please now scan and email this signed and completed form to **registration@cascofx.com**

or alternatively fax to **+44(0)207 785 8200** and post the original to:

Casco Financial Services Limited, 150 Minorities, London, EC3N 1LS

If you have any questions regarding your application, please feel free to contact our team on +44(0)203 478 2190