

## APPLICATION FORM OF XTB S.A., HEREINAFTER CALLED "LIQUIDITY PROVIDER"

This Application Form of XTB S.A. (the "Application Form") should be completed and signed by the Client. It is important that the Client has read the Application Form and the declaration set out within in conjunction with the Agreement (as defined in the "Notice & Declaration" section below).

Company Information	
Full Registered Company Name:	
Registration Number:	
Incorporation Date:	
Principal Business Activity:	
Company Website Address:	
LEI (Legal Entity Identifier) code:	
Registered Company Address	
Address Line 1:	City:
Address Line 2:	Country:
Address Line 3:	Post Code:

Operating Company Address (if different to the Registered Address)	
Address Line 1:	City:
Address Line 2:	Country:
Address Line 3:	Post Code:

Business Type			
Partnership	<input type="checkbox"/>	Limited Partnership	<input type="checkbox"/>
Limited Liability Company	<input type="checkbox"/>	Limited Company	<input type="checkbox"/>
		Public Limited Company	<input type="checkbox"/>
		Other:	<input type="checkbox"/>

Is the company publicly quotes?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is the company a regulated entity?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Please specify the name of regulator and type of licence:				

Statement on industry - please mark whether your recent business activity refers to any of the following:				
Activity consisting in storage of a third party assets	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Trading in scrap or precious metals	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Activity in a form of a resale shop or pawnshop	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Brokering and trading in cryptocurrencies	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Activity involving trade in goods with foreign countries	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Trading with fuel	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Financial activity consisting in granting loans	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Wholesale trade in food or textiles	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Electronics trading	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Financial Information
What is your company's estimated annual turnover? (in EUR)

Less than 10,000	<input type="checkbox"/>	30,000 – 50,000	<input type="checkbox"/>	70,000 – 100,000	<input type="checkbox"/>
10,000 – 30,000	<input type="checkbox"/>	50,000 – 70,000	<input type="checkbox"/>	100,000 +	<input type="checkbox"/>

What is your company's total estimated net value?					
Less than 10,000	<input type="checkbox"/>	30,000 – 50,000	<input type="checkbox"/>	70,000 – 100,000	<input type="checkbox"/>
10,000 – 30,000	<input type="checkbox"/>	50,000 – 70,000	<input type="checkbox"/>	100,000 +	<input type="checkbox"/>

What is your company's liquid assets net worth?					
Less than 10,000	<input type="checkbox"/>	30,000 – 50,000	<input type="checkbox"/>	70,000 – 100,000	<input type="checkbox"/>
10,000 – 30,000	<input type="checkbox"/>	50,000 – 70,000	<input type="checkbox"/>	100,000 +	<input type="checkbox"/>

Is the entity subject to bankruptcy proceedings or under liquidation?				Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Select the currency that your Account will be traded in:			EUR	<input type="checkbox"/>	GBP	<input type="checkbox"/>	USD	<input type="checkbox"/>
Indicate your estimated Initial Deposit Amount:								
What is the source and origin of funds:								

Bank Details	
Bank Name:	Sort/Branch/Swift/BIC Code:
Account Number:	Principal Contact:
IBAN Number:	Principal Contact's Phone No.:

Authorized Representatives			
The appointment of authorized persons listed in this table commences immediately and continues until written notice of revocation of the authority is received.			
<b>Authorized Person</b> is a person who is authorized to do the following actions for and on behalf of the Client:			
<ul style="list-style-type: none"> <li>· Obtain Account information;</li> <li>· Dispute transaction errors and complaints;</li> <li>· Request withdrawals from Partner's Account;</li> <li>· Enquire about deposits into Partner's Account;</li> <li>· Request internal transfers between Partner's hedge accounts;</li> <li>· Enquire about and dispute matters related to Services of the Liquidity Provider.</li> </ul>			
Name & Surname	Position	E-mail Address	Telephone Number

Acknowledgements and Declaration	
<b>Data Protection</b> By marking this tick box I/We hereby agree to the processing and retention of my personal data by the Liquidity Provider and its group companies ("XTB Group") within and outside of the EEA (European Economic Area) for any purposes related to performance of this Agreement and for marketing purposes.	<input type="checkbox"/>
<b>Marketing</b> By marking this tick box I/We agree for LIQUIDITY PROVIDER and its XTB Group to use information about me to keep me informed of products and services by letter, telephone (including text messages), electronically (including e-mail) or otherwise.	<input type="checkbox"/>
<b>Declaration about the manner of receiving some information (you need to choose only one option):</b>	
<b>Electronic form</b> I declare I wish to receive key information documents about XTB Financial Instruments (so-called "KIDs") and periodical reports and/or confirmations related to XTB services including but not limited to confirmations related to Client's orders, Financial Instruments and funds kept for the Client on a durable medium other than paper or through the XTB Website.	<input type="checkbox"/>
<b>Paper form</b> I declare I wish to receive key information documents about XTB Financial Instruments (so-called "KIDs") and periodical reports and/or confirmations related to XTB services including but not limited to confirmations related to Client's orders, Financial Instruments and funds kept for the Client in a paper form. I am aware that provision of above documents by post may involve an administrative fees specified in the Condition Tables.	<input type="checkbox"/>
<b>Trade Confirmations:</b> By signing herein Application Form You hereby agree that LIQUIDITY PROVIDER will provide confirmations to You of Your trades and executed Orders via the online platform.	
<b>Client Categorization:</b>  The applicable law requires classification of Clients in order to determine the level of regulatory protection required. When you enter into this Agreement, you will be classified as a Eligible Counterparty for the purposes of the Agreement and by signing herein Application Form You agree and request this classification. By signing herein Application Form You agree and acknowledge that you are responsible for keeping us informed about any change that could affect your classification as above.  Subject to clause 4.4 of the Liquidity Solution General Terms and Conditions:  You are entitled to request that we re-categorise you as either a Retail Client or Professional Client (which attract a higher degree of regulatory protection) at any time provided that we may decline such request at our sole and absolute discretion; and/or  We are entitled to re-categorise you provided that we explain clearly why we are doing this and the effect this will have on your rights.  In the event of a re-categorisation of your classification pursuant to clause 4.3 of the Liquidity Solution General Terms and Conditions, LIQUIDITY PROVIDER will not be obliged to provide the Services until a new agreement has been entered into between the Client and LIQUIDITY PROVIDER which incorporates the additional protections required by the applicable law in respect to other categories of clients as defined above.	
<b>Conflicts of Interest Management:</b> By signing this Agreement I/We hereby declare, that I/we have been acquainted with the information concerning conflicts of interest' at XTB S.A. available on the Liquidity Provider's Website.	

## Notice and Declaration

By signing herein Application Form You declare that You are a regular user of the internet and consent to LIQUIDITY PROVIDER providing information to You about changes to the Liquidity Solution General Terms and Conditions and other terms of business by posting such information on the company website, in the Trading Platform or by other electronic means of communication. Additionally You agree that all communication together with all declarations of will and knowledge connected to this Agreement and trading in financial instruments can be exchanged between the LIQUIDITY PROVIDER and You in electronic form.

By signing herein Application Form I/We hereby oblige ourselves to notify LIQUIDITY PROVIDER immediately in case of any change of company's directors, shareholders, authorized representatives, contact details, address, e-mails, phone no. or any other information about the company provided by me/us to LIQUIDITY PROVIDER before signing herein Agreement. LIQUIDITY PROVIDER is additionally authorized to request at any time that the company will provide such information or any information concerning company's good standing or documents containing such information. If the Client does not update the information or refuses to provide documents and information requested by the LIQUIDITY PROVIDER than LIQUIDITY PROVIDER is authorized to suspend the Trading Platform or terminate herein Agreement with immediate effect.

By signing herein Application Form I/We hereby declare that I/We fully understand the nature and risks of trading on derivative financial instruments.

By signing this Application Form, I/We authorize the LIQUIDITY PROVIDER to reveal personal data and financial data such as personal and financial information regarding transactions on the Account, copies of documents concerning the Client or other information included in the Application Form to the Co-operators which exchange services with the Client or LIQUIDITY PROVIDER solely for the purposes of executing the Agreement or agreements the Client or LIQUIDITY PROVIDER concluded with the Co-Operators. The „Co-Operators“ are companies controlled or owned by LIQUIDITY PROVIDER or companies under common control of LIQUIDITY PROVIDER, or entities constantly cooperating with LIQUIDITY PROVIDER including banks, investment firms, financial services companies, auditors, IT companies, introducers which introduced the Client to Liquidity Provider, advisors or courier companies. The Client hereby authorizes those entities to receive such information or documents and use them solely for the purposes of performing the obligations resulting from the aforesaid agreements.

**By signing this Application Form I/We confirm I/We have read, understood, agree and accept the offer to enter into and to be bound by the Agreement which consists of this Application Form and Liquidity Solution General Terms and Conditions of XTB S.A. with its registered office in Warsaw, at Prosta 67, 00-838 Warsaw, Poland, entered in the register of entrepreneurs of the National Court Register (Krajowy Rejestr Sądowy) conducted by District Court for the Capital City of Warsaw, XII Commercial Division of the National Court Register under KRS number 0000217580, REGON number 015803782 and Tax Identification Number (NIP) 527-24-43-955, together with all applicable appendixes and schedules available on the Liquidity Provider's Website or otherwise made available to You pursuant to provisions of the Agreement.**

**By signing this Application Form I request and agree to open a trading account with XTB S.A. for the purposes of financial instruments trading.**

<b>Duly authorised signatory for and on behalf of the applicant named above.</b>
Signed:
Name in full:
Position:
Date:
<b>Duly authorised signatory for and on behalf of the applicant named above.</b>
Signed:
Name in full:
Position:
Date:
<b>Duly authorised signatory for and on behalf of the applicant named above.</b>
Signed:
Name in full:
Position:
Date:
<b>Duly authorised signatory for and on behalf of the applicant named above.</b>
Signed:
Name in full:
Position:
Date:
<b>Duly authorised signatory for and on behalf of XTB S.A.</b>
Signed:
Name in full:
Position:
Date:
<b>Duly authorised signatory for and on behalf of XTB S.A.</b>
Signed:
Name in full:
Position:
Date:

**Resolution**

We, the signatories named below, confirm that the information contained within this Application Form and any other documents that support this application are completely accurate and up to date. We also confirm that the following resolutions as stated below were duly passed at a meeting of the board of directors/partners of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, at which a quorum was present at all times. The resolutions as stated have not been subsequently varied or revoked and no director/partner has then or since informed us of any declarable interest.

It was resolved to:

- I. open a trading account with XTB S.A. for the purposes of leveraged derivative financial instruments trading;
- II. accept the offer to enter into and to be bound by the Agreement which consists of Application Form and Liquidity Solution General Terms and Conditions of XTB S.A. together with all applicable appendixes and schedules;
- III. warrant that the directors/partners named below are duly appointed directors/partners of the above named company/partnership and continue to hold the position as stated next to their name;
- IV. provide XTB S.A. with all KYC documents it requires;
- V. accept and sign Application Form to open a trading account of XTB S.A.

**Director/Partner**

**Name and Surname:** \_\_\_\_\_

**Name and Surname:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signed:** \_\_\_\_\_

**Signed:** \_\_\_\_\_

**Name and Surname:** \_\_\_\_\_

**Name and Surname:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signed:** \_\_\_\_\_

**Signed:** \_\_\_\_\_

**APPENDIX NO.1 TO APPLICATION FORM OF XTB S.A.  
AML QUESTIONNAIRE**

Company Information	
Full Registered Company Name:	
Registered Company Address:	

Questionnaire		
<b>When filling in the questionnaire please mark proper answer box "Yes/No" to give answer.</b>		
	<b>Yes</b>	<b>No</b>
<b>1.</b> Are You an investment firm, bank, other financial institution or other institutional investor.		
<b>2.</b> Pls. indicate <u>the countries</u> where You perform or intend to perform Your activity or from which You are soliciting or going to solicit Your Clients:		
	<b>Yes</b>	<b>No</b>
<b>3.</b> I declare that I have all the necessary licenses and approvals to perform financial services in the countries specified in point 2.		
	<b>Yes</b>	<b>No</b>
<b>4.</b> Is there a person responsible for anti-money laundering and combating terrorist financing arrangements, hereinafter called "AML/CFT", appointed in your company? Please indicate below contact details to a person mentioned in point 4:		
a. Name/Surname		
b. Business Address		
c. Email/ Phone no.		
	<b>Yes</b>	<b>No</b>
<b>5.</b> Is the supervision carried out in Your company with special regard to AML/CFT?		
	<b>Yes</b>	<b>No</b>
<b>6.</b> Do you comply with the recommendation of FATF or the European Union (EU) or with equal standards with regards to AML/CFT?		
	<b>Yes</b>	<b>No</b>
<b>7.</b> Do your regulations/directives require the recognition of the true identity of customers and the origin of their funds?		
	<b>Yes</b>	<b>No</b>
<b>8.</b> Are you audited in terms of testing the adequacy of your AML/CFT procedures and policies by internal audit on regular basis?		
	<b>Yes</b>	<b>No</b>
<b>9.</b> Are you audited in terms of testing the adequacy of your AML/CFT procedures and policies by external audit on regular basis?		
	<b>Yes</b>	<b>No</b>
<b>10.</b> Do you have internal measures/procedures for the prevention of money laundering and terrorist financing in place?		

	Yes	No
a. the identification of the true identity of all customers prior to establishing a business relationship?		
b. the verification of beneficial owners of funds?		
c. an employee training program to educate employees in the ways of preventing money laundering transactions and to assist them in identifying suspicious transactions, which is carried out on a regular basis?		
d. staff training in terms of AML/CFT which is carried out on a regular basis?		
	Yes	No
11. Is your customer identification program designed to obtain and verify information regarding your customer's true identity, source of funds, economic activities and the nature of anticipated transactional activities?		
	Yes	No
12. Is your customer identification program designed on a risk approach requiring enhanced due diligence on the appropriate risk level for countries/territories or special customer groups such as politically exposed persons?		
	Yes	No
13. Is your monitoring program designed to facilitate the identification of suspicious transactional activities?		
	Yes	No
14. Are you able to confirm that you do not provide any banking services to "shell" banks?* *A shell bank is generally defined as an entity that does not maintain a physical presence.		
	Yes	No
15. Does the company regularly conduct screening, either manually or systematically, to identify and block transactions and accounts on behalf of persons or entities identified as "prohibited parties", or form, to or through jurisdictions identified as "prohibited", by the US Treasury Departments Office and/or Foreign Assets Control, the European Union, and/or the United Nations?		
	Yes	No
16. Does the financial institution certify to XTB (and will re-certify on annual basis) that it has implemented and is performing the specified requirements of its AML-KYC?		

<b>We hereby confirm that the statements given above are true and correct.</b>
<b>Duly authorised signatory for and on behalf of the applicant named above.</b>
Signed:
Name and position:
Date:
<b>Duly authorised signatory for and on behalf of the applicant named above.</b>
Signed:
Name and position:
Date:
<b>Duly authorised signatory for and on behalf of the applicant named above.</b>
Signed:
Name and position:
Date:



**APPENDIX NO.2 TO APPLICATION FORM OF XTB S.A.  
ORGANIZATIONAL STRUCTURE**

Please complete in block capitals and sign on each page. All questions should be answered, if something doesn't apply insert n/a.

Company Information
Full Registered Company Name:
Registered Company Address:

Company Directors- Natural Person				
<p><b>Depending on your business type we require the following Principals to complete this section:</b></p> <ul style="list-style-type: none"> <li>• in the case of a sole trader, the sole trader;</li> <li>• in the case of a partnership, all partners;</li> <li>• in the case of a limited company, all directors</li> </ul>				
	Director #1	Director #2	Director #3	Director#4
Date of Appointment				
First Name				
Other Names				
Last Name				
Functional Job Title				
Date of Birth				
E-mail Address				
Phone Number				
Current Home Address				
Street Name, No.				
City				
Zip				
Country				
List of Citizenships Held				
Country(ies) of Residence & Country(ies) of Professional Activity				
Details of any Criminal Activity				

Directors- Company/ Legal Entity				
<b>Please complete this section if the director of your company is another company or a legal entity.</b>				
	Corporate Director #1	Corporate Director #2	Corporate Director #3	Corporate Director #4
Date of Appointment				
Company Name				
Country of Registration				
Director #1				
Director #2				
Director #3				
Director #4				

Owner- Company/ Legal Entity				
<b>Please complete this section if the Owner of your company is another company or a legal entity.</b>				
	Owner #1	Owner #2	Owner #3	Owner #4
% Ownership:				
Company Name				
Country of Registration				
Name of Shareholder #1				
Name of Shareholder #3				
Name of Shareholder #3				
Name of Shareholder #4				

Ultimate Beneficial Owner- Natural Person				
<ul style="list-style-type: none"> <li>• Please confirm the Ultimate Beneficial Owners.</li> <li>• Shareholders will be classified as beneficial if they hold 25% or more of the total share or voting rights.</li> </ul>				
	Beneficial Owner #1	Beneficial Owner #2	Beneficial Owner #3	Beneficial Owner #4
% Ownership:				
First Name				
Other Names				
Last Name				
Functional Job Title				
Date of Birth				
Current Home Address				
Street Name, No.				

City				
	Beneficial Owner #1	Beneficial Owner #2	Beneficial Owner #3	Beneficial Owner #4
Zip				
Country				
List of Citizenships Held				
Country(ies) of Residence & Country(ies) of Professional activity				
Details of any Criminal Activity				

<b>Duly authorised signatory for and on behalf of the applicant named above.</b>
Signed:
Name in full:
Position:
Date:
<b>Duly authorised signatory for and on behalf of the applicant named above.</b>
Signed:
Name in full:
Position:
Date:
<b>Duly authorised signatory for and on behalf of the applicant named above.</b>
Signed:
Name in full:
Position:
Date:
<b>Duly authorised signatory for and on behalf of the applicant named above.</b>
Signed:
Name in full:
Position:
Date:

**APPENDIX NO. 3 TO APPLICATION FORM OF XTBS.A  
CRS STATEMENT**

I. Company Information	
Full Registered Company Name:	
Registered Company Address:	
NIP/TIN:	
REGON:	

II. Declaration of CRS status			
I/We hereby declare that the legal entity represented by me/us has the following status within the meaning of the Act on tax information exchange with other countries („CRS”). (please choose only one among the options listed below)			
I.	<input type="checkbox"/> Financial Institution		
II.	<input type="checkbox"/> Active NFE – stock exchange listed entity or entity affiliated with stock exchange listed entity		
III.	<input type="checkbox"/> Active NFE – governmental entities (including central banks and international organizations)		
IV.	<input type="checkbox"/> Active NFE – others		
V.	<input type="checkbox"/> Passive NFE (if you have chosen this point, please proceed directly to part III of the form)		
I/ We hereby declare that the legal entity:			
1.	<input type="checkbox"/> Has its tax residency in Poland		
2.	<input type="checkbox"/> as its tax residency in other counties (does not apply to USA)		
L.p.	Country of tax residence:	Tax Identification Number (TIN) in the country of tax residence:	Country does not assign TIN
1.			<input type="checkbox"/>
2.			<input type="checkbox"/>
3.			<input type="checkbox"/>

III. Statement concerning tax residency of beneficial owner(s)	
<b>(Fill- in only if marked point V above)</b>	
I/We hereby represent that beneficial owners of the Company have the following tax residency:	
<b>Beneficial owner no.1</b>	
Name(s) and surname(s):	
Type of identification document:	
Number and series of the identification document:	

PESEL no. / Date of birth:		Place of birth:	
Current address of residence:			
City:		Postal code:	Country:
Name of the controlled entity:			
I/ we hereby declare that the beneficial owner has its tax residency in:			
<input type="checkbox"/> Poland			
<input type="checkbox"/> Other counties (does not apply to USA ):			
L.p.	Country of tax residence:	Tax Identification Number (TIN) in the country of tax residence:	Country does not assign TIN
1.			<input type="checkbox"/>
2.			<input type="checkbox"/>
3.			<input type="checkbox"/>
<b>Beneficial owner no.2</b>			
Name(s) and surname(s):			
Type of identification document:			
Number and series of the identification document:			
PESEL no. / Date of birth:		Place of birth:	
Current address of residence:			
City:		Postal code:	Country:
Name of the controlled entity:			
I/ we hereby declare that the beneficial owner has its tax residency in:			
<input type="checkbox"/> Poland			
<input type="checkbox"/> Other counties (does not apply to USA ):			
L.p.	Country of tax residence:	Tax Identification Number (TIN) in the country of tax residence:	Country does not assign TIN
1.			<input type="checkbox"/>
2.			<input type="checkbox"/>
3.			<input type="checkbox"/>
<b>Beneficial owner no.3</b>			
Name(s) and surname(s):			
Type of identification document:			
Number and series of the identification document:			
PESEL no. / Date of birth:		Place of birth:	
Current address of residence:			
City:		Postal code:	Country:

Name of the controlled entity:												
I/ we hereby declare that the beneficial owner has its tax residency in:												
<input type="checkbox"/> Poland												
<input type="checkbox"/> Other counties (does not apply to USA ):												
L.p.	Country of tax residence:	Tax Identification Number (TIN) in the country of tax residence:										Country does not assign TIN
1.												<input type="checkbox"/>
2.												<input type="checkbox"/>
3.												<input type="checkbox"/>
<b>Beneficial owner no.4</b>												
Name(s) and surname(s):												
Type of identification document:												
Number and series of the identification document:												
PESEL no. / Date of birth:						Place of birth:						
Current address of residence:												
City:				Postal code:				Country:				
Name of the controlled entity:												
I/ we hereby declare that the beneficial owner has its tax residency in:												
<input type="checkbox"/> Poland												
<input type="checkbox"/> Other counties (does not apply to USA ):												
L.p.	Country of tax residence:	Tax Identification Number (TIN) in the country of tax residence:										Country does not assign TIN
1.												<input type="checkbox"/>
2.												<input type="checkbox"/>
3.												<input type="checkbox"/>

<b>IV. Declaration and signature</b>
<p><b>I hereby declare, that I will inform of any change of circumstances that affects the tax residence of the legal entity or beneficial owner or causes any of information contained herein to become out of date. In such a case I will submit an appropriately updated statement within 30 days since the change of circumstances occurred.</b></p> <p>XTB S.A. is obliged under CRS to forward to the Head of the National Tax Administration data concerning entities, which are tax residents of the participating country* under the tax law of that participating country* in order to transfer this data to the competent authority of that participating country*.</p> <p><i>* the participating country is defined as: a) a member state other than the Republic of Poland, b) country or territory other than the United States of America with which the Republic of Poland has an agreement on the automatic exchange</i></p>

*of information about reportable accounts; c) country or territory other than the United States of America, with which the European Union has an agreement on the automatic exchange of information about reportable accounts, listed in the list published by the European Commission. The list of participating countries referred to in point b-c is announced by the Minister of Finance by way of notice until 15 October of each calendar year.*

The Administrator of personal data is XTB S.A., with its registered office in Warsaw (00-838), at Prosta 67. This statement is collected in order to meet the obligations concerning identification of Clients, who are residents of the participating countries, under CRS. The Client has the right to review, modify and remove his personal data.

**Duly authorised signatory for and on behalf of the applicant named above.**

Signed:

Name in full:

Position:

Date:

**Duly authorised signatory for and on behalf of the applicant named above.**

Signed:

Name in full:

Position:

Date:

**Duly authorised signatory for and on behalf of the applicant named above.**

Signed:

Name in full:

Position:

Date:

**Duly authorised signatory for and on behalf of the applicant named above.**

Signed:

Name in full:

Position:

Date:

**APPENDIX NO. 4 TO APPLICATION FORM OF XTB S.A  
FATCA STATUS STATEMENT – LEGAL PERSON**

Acting on the basis of art. 4 of the Act dated October 9th, 2015 on implementation of the Agreement between the Government of the Republic of Poland and the Government of the United States of America concerning improvement of accomplishing of international tax legislation and the implementation of FATCA (Journal of Laws 2015, item 1712, hereinafter referred to as “Act”) XTB Spółka Akcyjna (hereinafter referred to as “XTB”) is required to obtain the below statement from the Clients. Refusal to provide XTB with the statement may prevent XTB from providing services to the Client.

Company Information	
Full Registered Company Name:	
Registered Company Address:	

Statement concerning FATCA status		
I/We hereby represent that Company has the following FATCA status in the meaning of agreement between the Government of the Republic of Poland and the Government of the United States of America concerning strengthening of cooperation regarding tax matters and FATCA implementation (indicate one of the following options): <sup>1</sup>		
I.	<input type="checkbox"/> U.S. Taxpayer (being Specified U.S. Person)	Tax Identification Number- TIN:
II.	<input type="checkbox"/> U.S. Person (U.S. Person other than Specified U.S. Person)	
III.	<input type="checkbox"/> Participating FFI (Foreign Financial institution)	GIIN (Global Intermediary Identification Number):
IV.	<input type="checkbox"/> Registered Reporting FFI or Deemed-Compliant FFI	GIIN (Global Intermediary Identification Number):
V.	<input type="checkbox"/> Exempt Beneficial Owner	
VI.	<input type="checkbox"/> Nonparticipating FFI	
VII.	<input type="checkbox"/> Non-US Active Non-Financial Foreign Entity	
VIII.	<input type="checkbox"/> Non-US Passive Non-Financial Foreign Entity (indicate beneficial owners)	

Statement concerning FATCA status of beneficial owner		
<b>(Fill- in only if marked point VIII above)</b>		
I/We hereby represent that beneficial owners of the Company have the following FATCA status:		
<b>Beneficial owner no.1</b>		
Name and surname:		
Residence address:		
<input type="checkbox"/> Is not U.S. Taxpayer		
<input type="checkbox"/> Is U.S. Taxpayer	Tax Identification Number- TIN:	
<b>Beneficial owner no.2</b>		
Name and surname:		
Residence address:		
<input type="checkbox"/> Is not U.S. Taxpayer		
<input type="checkbox"/> Is U.S. Taxpayer	Tax Identification Number- TIN:	



<b>Beneficial owner no.3</b>	
Name and surname:	
Residence address:	
<input type="checkbox"/> Is not U.S. Taxpayer	
<input type="checkbox"/> Is U.S. Taxpayer	Tax Identification Number- TIN:
<b>Beneficial owner no.4</b>	
Name and surname:	
Residence address:	
<input type="checkbox"/> Is not U.S. Taxpayer	
<input type="checkbox"/> Is U.S. Taxpayer	Tax Identification Number- TIN:

<b>Declaration and signature</b>	
<p><b>By signing this form I/we hereby undertake to update this statement in the event of any change of circumstances making it outdated and undertake to provide XTB with additional documents on XTB's request for the purpose of verification of the statement.</b></p> <p><b>XTB informs that if the Client is verified as the U.S. Taxpayer pursuant to the Act the Client's data, incl. the account's balance will be submitted once a year to U.S. Internal Revenue Service through the Polish Ministry of Finance.</b></p>	
<b>Duly authorised signatory for and on behalf of the applicant named above.</b>	
Signed:	
Name in full:	
Position:	
Date:	
<b>Duly authorised signatory for and on behalf of the applicant named above.</b>	
Signed:	
Name in full:	
Position:	
Date:	
<b>Duly authorised signatory for and on behalf of the applicant named above.</b>	
Signed:	
Name in full:	
Position:	
Date:	
<b>Duly authorised signatory for and on behalf of the applicant named above.</b>	
Signed:	
Name in full:	
Position:	
Date:	

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<sup>i</sup> Categories of entities:

- I.** U.S. Taxpayer (being Specified U.S. Person)  
Shall be understood as partnership or other entity with registered seat in U.S. or entity incorporated or operating in accordance with rules of U.S. laws, excluding entities indicated as U.S. Person (U.S. Person other than Specified U.S. Person) in point II below.
- II.** U.S. Person (U.S. Person other than Specified U.S. Person)  
Shall be understood as entity meeting requirements in point I above, however such entity is excluded from FATCA pursuant to the following reasons:
1. is an entity listed on the stock exchange or entity related with such listed entity,
  2. is an American bank,
  3. is an organization exempted from tax pursuant to rules of U.S. laws,
  4. is an U.S. federal or state administration entity,
  5. is an American investment company,
  6. is a dealer in securities or a broker,
  7. is a trust fund exempted from U.S. tax
- III.** Participating FFI (Foreign Financial Institution)  
Financial Institution (FI) of that country of which government did not entered into IGA agreement with U.S. government, considered a Participating FI due to the fact that such FI has signed an agreement directly with the Internal Revenue Service (IRS) in order to comply with the provisions of FTCA and is registered in IRS.
- IV.** Registered Reporting FFI or Deemed-Compliant FFI  
FI from the country of which government entered into IGA agreement with U.S. government and such FI is registered in IRS (Registered Reporting FFI). Moreover this category includes following Deemed-Compliant FFI:
1. Financial Institution related with local client base  
To be qualified as Financial Institution related with local client base, such FI shall meet the following requirements:
    - (a) the FI must be licensed and regulated as a FI under the laws of country where FI seat is registered,
    - (b) the FI must have no fixed place of business outside of the country where FI seat is registered,
    - (c) the FI must not solicit clients or account holders outside the country where FI seat is registered,
    - (d) the FI must be required under the laws to identify resident account holders for purposes of either information reporting or withholding of tax or for satisfying the AML due diligence requirements,
    - (e) at least 98% of the financial accounts by value maintained by the FI must be held by the residents of country where FI seat is registered or residents of EU Member State (including Entities),
    - (f) on or before July 1, 2014, the FI must implement policies and procedures preventing the FI from providing a financial account to any Non Participating FFI and monitor whether the FI opens or maintains a financial account for any Specified U.S. Person,
    - (g) policies and procedures indicated in point (f) above must provide that if any financial account held by the Specified U.S. Person, not being resident of the country where FI seat is registered, and Passive NFFE with American beneficial owners, not being residents of the country where FI seat is registered, the FI must report such account pursuant to the FATCA requirements or close such account,
    - (h) with respect to a pre-existing account held by resident the FI must review and report those accounts in accordance with the FATCA requirements,
    - (i) each related entity of the FI that is a FI must be incorporated or organized in the country where FI seat is registered and meet the same requirements indicated in point (a)-(f),
    - (j) the FI must not have policies or practices that discriminate against opening or maintaining financial accounts for Specified U.S. Persons being resident of the country where FI seat is registered.
  2. Local Bank  
To be qualified as a Local Bank, such FI shall meet the following requirements:
    - (a) FI that is licensed and regulated under the laws of country where FI seat is registered and operate as a bank or a credit union or similar cooperative credit organization that is operated without profit,
    - (b) business consists primarily of receiving deposits from and making loans to, with respect to a bank, unrelated retail clients and, with respect to a credit union or similar cooperative credit organization, members, provided that no member has a greater than 5% interest in such credit union or cooperative credit organization,
    - (c) FI meets requirements indicated in point IV p. 1 p. (b) and (c) and there is no possibility for on-line account opening,
    - (d) the FI must not have more than USD 175 000 000 in assets on its balance sheet and not more than USD 500 000 000 in total for FI and group of related entities,
    - (e) each related entity of the FI that is a FI must be incorporated or organized in the country where FI seat is registered and meet the same above mentioned requirements.
  3. Financial Institution with Only Low-Value Accounts  
To be qualified as Financial Institution with Only Low-Value Accounts, the FI must meet following requirements:
    - (a) the FI is not an Investment Institution,
    - (b) no financial account maintained by it or any related entity within the meaning of FATCA has a balance or value in excess of USD 50 000,
    - (c) Assets of the Financial Institution and related entity within the meaning of FATCA taken together, do not have more than USD 50 000 000 in total assets on their consolidated or combined balance sheets.
  4. Qualified Credit Card Issuer  
To be qualified as Qualified Credit Card Issuer, the FI must meet following requirements:
    - (a) it is a FI solely because it is an issuer of credit cards that accepts deposits only when a client makes a payment in excess of a balance due with respect to the card and the overpayment is not immediately returned to the client, and

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- (b) beginning on or before July 1, 2014, the FI implemented policies and procedures to either prevent a client deposit in excess of USD 50 000, or to ensure that any client deposit in excess of USD 50 000 is refunded to the client within 60 days.
  - 5. Trustee-Documented Trust (a trust compliant with all FATCA reporting obligations in terms of all trust's accounts)
  - 6. Sponsored Investment Entity – Investment Entity (e.g. an investment fund) which agreed other FI to perform on behalf of it all FATCA obligations (e.g. Investment Fund Company).
  - 7. Sponsored Closely Held Investment Vehicle (SCHIV)  
Investment Institution which meets following requirements:
    - (a) the sponsoring entity compliant with FATCA agrees to perform, on behalf of the SCHIV, all due diligence, withholding, reporting, and other requirements that the SCHIV would have been required to perform,
    - (b) SCHIV does not hold itself out as an investment vehicle for unrelated entities,
    - (c) 20 or fewer individuals own all of the debt interests and Equity Interests in SCHIV,
    - (d) the sponsoring entity has registered SCHIV on the IRS FATCA registration website and will use number granted to SCHIV for the reporting purposes.
  - 8. Investment Advisors and Investment Managers solely because it:
    - (a) renders investment advice
    - (b) manages portfolios for the purposes of investing, managing, or administering funds deposited in the name of the client with a Financial Institution other than a Nonparticipating FFI.
  - 9. Collective Investment Vehicle  
Investment Institution acting as Collective Investment Vehicle provided that all of the shares therein are held by or through one or more:
    - (a) Exempt Beneficial Owners,
    - (b) Active Non-Financial Foreign Institution,
    - (c) U.S. Persons other than Specified U.S. Persons,
    - (d) Financial Institutions that are not Nonparticipating FFI.
  - V. Exempt Beneficial Owner**  
Following entities should be qualified as Exempt Beneficial Owner:
    - 1. governments or any its political subdivisions or local government units or any wholly owned agency or instrumentality thereby,
    - 2. international organizations or any wholly owned agency or instrumentality thereby,
    - 3. central banks,
    - 4. retirement plans (funds) or entities managing such funds,
    - 5. Investment Institutions within the meaning of FATCA but only if each direct holder of an Equity Interest in the Entity is an exempt beneficial owner, and each direct holder of a debt interest in such entity is either a Depository Institution or an Exempt Beneficial Owner.
  - VI. Nonparticipating FFI**  
FI not compliant with FATCA i.e. financial institution from a country without IGA-Agreement that did not conclude direct agreement with IRS or a financial institution from a country with IGA-Agreement treated as nonparticipating due to not being complaint with IGA. Nonparticipating FI are not listed on IRS website.
  - VII. Non-US Active Non-Financial Foreign Entity**  
Entities qualified as Non-US Active Non-Financial Foreign Entity shall meet one of following requirements:
    - 1. less than 50 % of the client's gross income for the preceding calendar year or other appropriate reporting period is passive income and less than 50 % of the assets held by the client during the preceding calendar year or other appropriate reporting period are assets that produce or are held for the production of passive income,
    - 2. client is listed on the stock exchange or is related with such listed entity within the meaning as specified in FATCA,
    - 3. substantially all of the activities of the client consist of holding (in whole or in part) the outstanding stock of, or providing financing and services to non-financial entities. This requirement is not met if entity is qualified as investment entity,
    - 4. companies in liquidation or in organization,
    - 5. non-profit entities, exempted from income tax in its jurisdiction of residence.
 Active income constitutes any other type of income than passive income. Passive income includes but is not limited to any of the following:
    - (a) dividends,
    - (b) substitute dividend amounts,
    - (c) interest,
    - (d) income equivalent to interest,
    - (e) rents and royalties, other than rents and royalties which are incidental to the business conducted by the entity,
    - (f) gains from the sale or exchange of property that gives rise to passive income,
    - (g) the excess of gains over losses from transactions (including futures, forwards, and similar transactions) in any commodities,
    - (h) the excess of foreign currency gains over foreign currency losses,
    - (i) net income from notional principal contracts,
    - (j) amounts received under cash value insurance contracts,
    - (k) amounts earned by an insurance company in connection with its reserves for insurance and annuity contracts.
  - VIII. Non-US Passive Non-Financial Foreign Entity**  
Passive Non-Financial Entity (NFE) not from US – any entity other than specified in points from I to VII above, which is or is not controlled by any US Person (beneficiary owner within the AML meaning).