



## Account Opening Application Form

Customers Personal Information			
First Name		Surname	
Date Of Birth		IB Number	
Nationality		Industry	
E-mail		Mobile Phone	
Identity Card Number			
Home Address			
Fixed Commission USD / Lot			
Investment Objectives			
<input type="checkbox"/> Capital Growth	<input type="checkbox"/> Speculation	<input type="checkbox"/> Hedging	<input type="checkbox"/> Other_____
Bank Account Information			
Bank Account Number			
Bank Name			
Bank Branch Address			
SWIFT Code			
Confirm The Signing			
Date Of Completion			

### Fairfield Financial Services LLP

TEL : +0044 01367 243645

FAX : +0044 01367 243645

[www.fairfield-llp.com](http://www.fairfield-llp.com)

Email: [service@fairfield-llp.com](mailto:service@fairfield-llp.com)

Address : 9A Regal Way, Faringdon, Oxon, SN7 7BX



# FAIRFIELD

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In addition, you also need to provide a copy of your ID card, a copy of the bank card or passbook, And your signature confirmation “Risk Warning” and “Customer Notification”, The required information:

- (1) Fax to : +0044 01367 243645
- (2) By mail to : 9A Regal Way, Faringdon, Oxon, SN7 7BX
- (3) E-mail to : [service@fairfield-llp.com](mailto:service@fairfield-llp.com)

Fairfield within 24 hours will notice sent to your e-mail account, please wait for the inspection.

[www.fairfield-llp.com](http://www.fairfield-llp.com)

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