Joint Account Supplementary Form

selftrade
cfds & spread betting

Please complete ALL SECTIONS in full using BLOCK CAPITALS. Failure to do so could delay the opening of your trading account.
Please call 0845 356 0160 should you have any questions.

1 Personal Details

This form should only be used if you are the second applicant in a joint application.

Title Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Dr ☐

Other ☐ please specify

First Name

Middle Name

Surname

Date of Birth D D M M 1 9 Y Y

Nationality

Current Address Details

Address Line 1

Address Line 2

Address Line 3

Town

County

Postcode

Country

Occupancy Owner ☐ Rented ☐ Living with Parents ☐

Time at current address Y Y Years M M Months

If you have been at the above address less than 3 years, please give your previous address.

Previous Address

Address Line 1

Address Line 2

Address Line 3

Town

County

Postcode

Country

Time at previous address Y Y Years M M Months

2 Contact Details

Preferred contact number (please tick appropriate box)

Home Tel No ☐

Business Tel No ☐

Mobile No ☐

Email Address

3 Employment Details

Employment Status Employed ☐ Self Employed ☐

Retired ☐ Student ☐ Not Working ☐

Time with employer Y Y Years M M Months

Employer / Business Name

Nature of Business

Position Held

Address Line 1

Address Line 2

Address Line 3

Town

County

Postcode

Country

Do you work for a rm or a branch regulated by the FSA or by an overseas regulator? Yes ☐ No ☐

If you are required to provide copy contract notes to your employer, would you like us to send them directly? Yes ☐ No ☐

If yes, please provide an appropriate email address below

Account Number(s) of any existing Selftrade account(s).

Account 1

Account 2