



If you would like to nominate an authorised person to make Orders and deal with Trades on your behalf, please use this form. You should be aware that Capital Index (Cyprus) Limited (hereinafter “Capital Index”) is not obligated to accept instructions from an authorised person unless we consent to do so and we reserve the right to withhold this consent (or, if previously given, revoke the consent on reasonable notice).

PART 1 – Account Holder Granting Power of Attorney

I, _____ (full legal name), by this power of attorney, hereby

appoint _____ (full legal name of the individual or the company/partnership)

(the **Attorney**) to be the Attorney for the limited purpose of making orders and dealing with trades on my behalf in accordance with the terms and conditions of my Capital Index account, either online, verbally or in writing, and to take any steps or do anything that the Attorney in his/her/its absolute discretion considers desirable in connection with my trades with Capital Index.

I authorise Capital Index to accept all trading instructions received from the Attorney for my account and agree that Capital Index will not be obligated to contact me for verification or approval prior to acting on such instructions. I undertake to ratify and confirm whatever the Attorney does in the exercise, or apparent exercise, of the authority that this deed gives the Attorney. I shall fully indemnify and at all times keep Capital Index indemnified against all liabilities, claims, proceedings, costs, expenses, damages and losses (including any direct, indirect or consequential losses, loss of reputation and all interest, penalties and legal and other professional costs and expenses) suffered or incurred by Capital Index, arising out of or in connection with any breach of the terms and conditions of my account, or caused as a result of Capital Index acting on instructions received from the Attorney, or any negligent act or omission or fraud by the Attorney.

This deed (and any dispute, controversy, proceeding or claim of whatever nature arising out of or in any way relating to this deed, its subject matter or its formation, including non-contractual disputes or claims) shall be governed by and construed in accordance with the laws of the Republic of Cyprus and shall be the exclusive jurisdiction of the courts of the Republic of Cyprus.

Until this deed is revoked by me, Capital Index is authorised to disclose to the Attorney information regarding my account including, but not limited to, orders, trades, deposit requirements, deposits and balances and any other information required in order to exercise the authority that this deed gives the Attorney.

This document is executed as a deed and is delivered and takes effect on date of signing and shall continue to be effective until revoked by me in writing.

Account Holder Signature _____
Date _____
Account Number(s) _____

(If blank this deed applies to all of my accounts with Capital Index)

Witness Signature _____
Print Full Name _____
Full Address _____
Occupation _____
Date _____



Part 2 - Attorney Information (to be completed by the Attorney)

I hereby Consent to Capital Index conducting necessary verification of the Attorney's information.

(Note: Capital Index may require additional information to verify the Attorney's identity and residency.)

A. If the Attorney is an individual:

Name of Attorney _____
Date of Birth _____
Residence Address _____
Contact Number _____
Occupation _____

Are you registered with a financial services regulator? YES / NO

If YES, please provide the name of the regulator and your registration number:

If NO, is the nature of your relationship with the account holder on a friend or family member basis?

YES / NO

Attorney Signature _____
Date _____

B. If the Attorney is a company or partnership:

Name of Attorney _____
Country of Incorporation / Formation _____
Company/Partnership Number _____
Full Address of Registered Office _____
Contact Name _____

Contact Number _____
Name of Attorney's Regulator _____
Regulatory register No. _____

Name(s) of person(s) authorised by the Attorney to communicate the Attorney's instructions:

Signature(s) of Attorney's Authorised Signatory/ies

Full name(s) of Authorised Signatory/ies

Date
