

IFX Profile Number			My E-Mail Address					
CU								
Account Holder								
Surname		First Name		Mobile Phone No.				
If Corporate account, please state the name of the entity								
and nr of directors/partners or shareholders Please select the appropriate answer that best describes your trading experience								
	e appropriate an		indes your trading e	-				
No trading experience		1-2 years		3+ years				
	se of any Automa	ated Trading		L				
Systems								
Do you have an existing IB Status with any other Broker								
Yes No If yes, which broker(s)								
•	s to be referred o							
0-10		10-50		50+				
Please select th	e appropriate an	swer that best suits	your occupation					
Networker		Blogger		Financial Advisor				
Fund								
Manager		Educator		Other				
Please select the appropriate answer that best describes the size of your network								
Family &		1-50	100+					
Friends What is your ma	ain goal and moti	vation in terms of h	pecoming an iFXPart	ner?				
Generate Rebat	_		Extend your					
(More income)	.05		business reach					
Fund			Education					
Management Affiliate			Provider					
Network			Other					
Please describe briefly how our services will be marketed and if there are any additional tools or services you								
may require from u								
Social Media		inars	Fund Manager		Blogger			
Live Training	Worl	kshops	Word of Mouth	Otl	ner			
Are there any spec way? If yes, please			sights into how you	envisage IFX co	uld assist in an	у		

## **IB HEALTH CHECK**



IFX BROKERS OFFICE USE						
Process Status	Date & Time	Signed				
Check						
Application						
Launch						
IB Kick-Off						