

Business Account Application Form

Internal Use Only: Account ID

1. ACCOUNT DETAILS

Account Status:

New Account or Update to your existing Account

If you are an existing client, provide the email associated with the account: _____

2. ENTITY INFORMATION

Entity

Type: Corporation Partnership Sole Proprietorship

_____ Association/Society Charity/ not-for-profit Formal Trust

Legal (Registered) Name of Business or Organization ("Entity")

CRA Business/Trust Number

Business Industry

Business Type

Province of Incorp./Reg

Incorp./Reg. Date
(dd/mm/yyyy)

Legal Business Address (PO Box & General delivery not acceptable) must include city, province, and postal code.

Mailing Address (if different from above)

3. LIST OF BENEFICIAL OWNERS

Each beneficial owner who has **over 25%** ownership must complete a **Beneficial Owner Form**.

Name	Title/Position	% Ownership
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. AUTHORIZED PERSON(S)

Each Authorized Person must complete an **Authorized Person Form**.

To: Einstein Capital Partners Ltd

Please be advised that the undersigned Signing Authority(ies) has appointed:

 Authorized Person Name (First, Initial, Last)
 (Please Print)

 Authorized Person Name (First, Initial, Last)
 (Please Print)

to act on behalf of the undersigned with respect to transactions in the account(s) specified above in accordance with the following:

1. Einstein Capital Partners Ltd is hereby authorized to accept and act upon the instructions of the Authorized Person with respect to:

- A) The purchase and sale of digital currencies on my behalf, on margin or otherwise;
- B) Moving funds from my Account into another financial intuition account that I have setup for electronic funds transfer or wire.

2. I agree that the foregoing instruction shall remain in full force and effect until notification to the contrary has been received in writing by Einstein Capital Partners, and until such notification, all that authorized person shall do or purport to do by virtue hereof is fully ratified and confirmed.

X _____
 Signing Authority Signature

 Date (dd/mm/yyyy)

X _____
 Signing Authority Signature

 Date (dd/mm/yyyy)

5. OTHER INTERESTS IN THE ACCOUNT

With respect to the account, any other person(s):

Have a financial interest? No Yes

Have Power of Attorney("POA")? No Yes

If yes, name of other person(s) _____

If yes, please complete **Section 7. Authorized Person Information** and include a notarized copy of the original POA

6. POLITICALLY EXPOSED PERSON & HEAD OF INTERNATIONAL ORGANIZATION

Are there any of the business owners (owning 25% or more of the company) politically exposed persons? e.g. – Are they military, government, political officials, or relatives or associates of such officials? No Yes

If yes, please answer the following questions below.

1. Who holds/held this position as indicated above? _____
Name (First, Initial, Last)

2. What is the relationship of the person named in question #1 above to the applicant?

Self Brother, sister, half-brother or half-sister

Spouse or common-law partner Spouse's or common-law partner's mother or father

Child Mother or Father

Close associate (Provide Details): _____

3. Country where the position was held: _____ Title of position: _____

4. Government or name organization the position held with: _____

5. Time period the position was held: From (dd/mm/yyyy): _____ (dd/mm/yyyy): _____

7. AGREEMENT

I, the undersigned on behalf of myself and the Entity certify that the information I have provided in this application is true, complete and accurate and you may rely thereon, and agree to notify you in writing within 30 days of any change that causes the information to be untrue, incomplete or inaccurate. By placing my first order in my account, I acknowledge, confirm and agree that: (i) I have reviewed, understand and agree with the "Einstein User Agreement", and "Privacy Policy", each of which is found as a footer at the bottom of every page on your Einstein Exchange platform website. (ii) neither you nor any of your affiliates, directors, officers, employees, agents or third-party suppliers will be liable to me for, and I agree to indemnify each of you from any harm whatsoever that may arise from, any errors or omissions in connection with my reliance on or use of in any way whatsoever.

By signing below, I acknowledge, agree and consent on behalf of the Entity to all of the foregoing under this Agreement section and that the information, acknowledgements, agreements and consents I have provided in this application will apply to all accounts held by the Entity under this registration now, or in the future, except to the extent I advise you otherwise in writing.

X _____
Signing Authority Signature

Date (dd/mm/yyyy)

X _____
Signing Authority Signature

Date (dd/mm/yyyy)