

NEW ACCOUNT APPLICATION (BUSINESS ENTITY)

About This Application

This is a Business Brokerage Account Application. Please read it carefully, as you will select products and services, and agree to certain provisions that will govern our relationship. When we accept it, this Application and all accompanying or supplemental documents form the entire Agreement between us for this account.

Unless otherwise indicated in this Application, the words “you,” “your,” “yourself,” and “yours” mean the applicant(s). The words “we,” “us,” and “our” mean Royal Treasure Securities LLC (132 West 31st St #921, 9th fl, New York, NY 10001), and our branches, subsidiaries, and affiliates.

Getting Started

All information is required unless otherwise stated.

Please complete and sign this Application, along with any required supplemental forms identified through this application process.

In order to complete this Application, you will need some or all of the following information:

- Identification information, such as a driver’s license, passport, or another type of government- issued identification.
- Social Security Number.
- Federal tax information.
- Information about your annual income, debt, expenses, and net worth.
- Trusted contact person information.

The above information helps us comply with various securities regulations and rules and the USA PATRIOT Act, a Federal Law that requires all securities firms to obtain, verify, and record information that identifies each applicant. Please note: if we cannot verify the information you provide, we may be required to restrict or deny your account.

Important Notice

Please remember to notify us if you experience a significant life change, such as the birth of a child, marriage, divorce, death of a spouse, loss of a job, change in financial situation, etc.

ACCOUNT TYPE INFORMATION	CUSTOMER TYPE	
		C-Corporation
		S-Corporation
		Foreign-Corporation
		LLC
		Partnership
		Sole Proprietorship
	ACCOUNT TYPE	
		CASH
		MARGIN
	OTHER ACCOUNTS	
	Do you have any other accounts with us?	
		YES
		NO
	CLEARING FIRM	
Select at least one clearing firm to open an account. (You may select more than one if desired.)		
	Velox	
	StoneX	
Selecting both options will result in the opening of two separate brokerage accounts that are independent of each other (e.g. Login Portal, Account Number, Login credential, etc.) In addition, the account balances and reports CANNOT be combined.		

BUSINESS ENTITY INFORMATION	COMPANY NAME			TAX ID (SSN if Sole Proprietorship)		
	COMPANY DETAILS					
	Date of Formation (mm/dd/yyyy)	Place of Formation (Choose one only)		What is your entity's type of business?		
		<input type="checkbox"/> U.S. Entity. Specify State: _____ <input type="checkbox"/> Foreign Entity. Specify Country: _____				
	Describe how your entity generates income:				Is this a Pooled Asset Vehicle?	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
	BUSINESS ADDRESS (No P.O. Box or mail drop)			CONTACT INFORMATION		
	Apt/Suite No.	Street	City	Primary Phone No.:		
	Zip Code	State	Country	Secondary Phone No. (Optional):		
				Email Address		
MAILING ADDRESS (If different from business address)			CONTACT PERSON			
Apt/Suite No.	Street	City	First Name	Middle Name	Last Name	
Zip Code	State	Country				
CONTROL PERSON INFORMATION						
Control Person means a single individual with significant responsibility to control, manage, or direct a legal entity customer, including an executive officer or senior manager (for example, a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, or Treasurer); or any other individual who regularly performs similar functions.						
<input type="checkbox"/>	Check here if this is a domestic entity and this person owns 25% or more.					
<input type="checkbox"/>	Check here if this is a foreign entity and this person owns 10% or more.					
<input type="checkbox"/>	I am the sole officer.					
<input type="checkbox"/>	None of the above.					
CONTROL PERSON NAME			TITLE (Optional)		SUFFIX (Optional)	
First Name	Middle Name	Last Name	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Sr. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Jr.			
HOME ADDRESS			CONTACT INFORMATION			
Apt/Suite No.	Street	City	Primary Phone No.:			
Zip Code	State	Country	Secondary Phone No. (Optional):			
			Email Address			
USA PATRIOT ACT INFORMATION (Required by Federal Law)						
Date of Birth (mm/dd/yyyy)	Social Security/Taxpayer ID No.		Country of Citizenship			
			<input type="checkbox"/> United States <input type="checkbox"/> Other Country: _____			
<input type="checkbox"/>	Driver's License	ID No.	Place/Country of Issuance	Country of Tax Residence (If different than citizenship)		
<input type="checkbox"/>	Passport					
<input type="checkbox"/>	State ID	Issue Date (mm/dd/yyyy)	Expiration Date (mm/dd/yyyy)	Country of Dual/Secondary Citizenship (If applicable)		
<input type="checkbox"/>	Other Government ID					
For Non-U.S. citizen: Do you hold a current U.S. immigration visa?			<input type="checkbox"/> Yes <input type="checkbox"/> No		Non-resident aliens must submit a W-8BEN form, a copy of a current passport, and a copy of a bank or brokerage statement. If a U.S. address is listed, then attach a Letter of Explanation for U.S. Mailing Address/Phone Number for Form W-8.	
Specify Visa Type	Visa Number	Expiration Date (mm/dd/yyyy)				
EMPLOYMENT STATUS (If employer is same as business entity, then fill in Job Title only)						
<input type="checkbox"/>	Employed	<input type="checkbox"/>	Self-Employed	Job Title	Employer's Name	
<input type="checkbox"/>	Retired	<input type="checkbox"/>	Not-Employed		Years With This Employer	
<input type="checkbox"/>	Student	<input type="checkbox"/>	Other: _____			
BUSINESS ADDRESS						
Apt/Suite No.	Street		City			
Zip Code	State		Country			

BENEFICIAL OWNER #1	BENEFICIAL OWNER NAME			TITLE (Optional)	SUFFIX (Optional)
	First Name	Middle Name	Last Name	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Sr. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Jr.	
	HOME ADDRESS			CONTACT INFORMATION	
	Apt/Suite No.	Street	City	Primary Phone No.:	
				Secondary Phone No. (Optional):	
	Zip Code	State	Country		
	USA PATRIOT ACT INFORMATION (Required by Federal Law)				
	Date of Birth (mm/dd/yyyy)	Social Security/Taxpayer ID No.	Country of Citizenship <input type="checkbox"/> United States <input type="checkbox"/> Other Country: _____		
	<input type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> State ID <input type="checkbox"/> Other Government ID	ID No.	Place/Country of Issuance	Country of Tax Residence (If different than citizenship)	
			Issue Date (mm/dd/yyyy)	Expiration Date (mm/dd/yyyy)	Country of Dual/Secondary Citizenship (If applicable)
For Non-U.S. citizen: Do you hold a current U.S. immigration visa?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Specify Visa Type	Visa Number	Expiration Date (mm/dd/yyyy)			
Non-resident aliens must submit a W-8BEN form, a copy of a current passport, and a copy of a bank or brokerage statement. If a U.S. address is listed, then attach a Letter of Explanation for U.S. Mailing Address/Phone Number for Form W-8.					
BENEFICIAL OWNER #2	BENEFICIAL OWNER NAME			TITLE (Optional)	SUFFIX (Optional)
	First Name	Middle Name	Last Name	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Sr. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Jr.	
	HOME ADDRESS			CONTACT INFORMATION	
	Apt/Suite No.	Street	City	Primary Phone No.:	
				Secondary Phone No. (Optional):	
	Zip Code	State	Country		
	USA PATRIOT ACT INFORMATION (Required by Federal Law)				
	Date of Birth (mm/dd/yyyy)	Social Security/Taxpayer ID No.	Country of Citizenship <input type="checkbox"/> United States <input type="checkbox"/> Other Country: _____		
	<input type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> State ID <input type="checkbox"/> Other Government ID	ID No.	Place/Country of Issuance	Country of Tax Residence (If different than citizenship)	
			Issue Date (mm/dd/yyyy)	Expiration Date (mm/dd/yyyy)	Country of Dual/Secondary Citizenship (If applicable)
For Non-U.S. citizen: Do you hold a current U.S. immigration visa?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Specify Visa Type	Visa Number	Expiration Date (mm/dd/yyyy)			
Non-resident aliens must submit a W-8BEN form, a copy of a current passport, and a copy of a bank or brokerage statement. If a U.S. address is listed, then attach a Letter of Explanation for U.S. Mailing Address/Phone Number for Form W-8.					
BENEFICIAL OWNER #3	BENEFICIAL OWNER NAME			TITLE (Optional)	SUFFIX (Optional)
	First Name	Middle Name	Last Name	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Sr. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Jr.	
	HOME ADDRESS			CONTACT INFORMATION	
	Apt/Suite No.	Street	City	Primary Phone No.:	
				Secondary Phone No. (Optional):	
	Zip Code	State	Country		
	USA PATRIOT ACT INFORMATION (Required by Federal Law)				
	Date of Birth (mm/dd/yyyy)	Social Security/Taxpayer ID No.	Country of Citizenship <input type="checkbox"/> United States <input type="checkbox"/> Other Country: _____		
	<input type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> State ID <input type="checkbox"/> Other Government ID	ID No.	Place/Country of Issuance	Country of Tax Residence (If different than citizenship)	
			Issue Date (mm/dd/yyyy)	Expiration Date (mm/dd/yyyy)	Country of Dual/Secondary Citizenship (If applicable)
For Non-U.S. citizen: Do you hold a current U.S. immigration visa?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Specify Visa Type	Visa Number	Expiration Date (mm/dd/yyyy)			
Non-resident aliens must submit a W-8BEN form, a copy of a current passport, and a copy of a bank or brokerage statement. If a U.S. address is listed, then attach a Letter of Explanation for U.S. Mailing Address/Phone Number for Form W-8.					

FINANCIAL INFORMATION	FINANCIAL BACKGROUND <i>(Please tell us your best estimate as to)</i>			
	ANNUAL NET PROFIT			
	<input type="checkbox"/> \$0-\$49,999	<input type="checkbox"/> \$100,000-\$199,999	<input type="checkbox"/> \$500,000-\$999,999	<input type="checkbox"/> \$2,500,000+
	<input type="checkbox"/> \$50,000-\$99,999	<input type="checkbox"/> \$200,000-\$499,999	<input type="checkbox"/> \$1,000,000-\$2,499,999	
APPROXIMATE NET WORTH <i>(Not including place of business)</i>				
<input type="checkbox"/> \$0-\$49,999	<input type="checkbox"/> \$100,000-\$199,999	<input type="checkbox"/> \$500,000-\$999,999	<input type="checkbox"/> \$2,500,000+	
<input type="checkbox"/> \$50,000-\$99,999	<input type="checkbox"/> \$200,000-\$499,999	<input type="checkbox"/> \$1,000,000-\$2,499,999		
APPROXIMATE LIQUID NET WORTH <i>(Cash, stocks, etc.)</i>				
<input type="checkbox"/> \$0-\$49,999	<input type="checkbox"/> \$100,000-\$199,999	<input type="checkbox"/> \$500,000-\$999,999	<input type="checkbox"/> \$2,500,000+	
<input type="checkbox"/> \$50,000-\$99,999	<input type="checkbox"/> \$200,000-\$499,999	<input type="checkbox"/> \$1,000,000-\$2,499,999		
TAX BRACKET				
<input type="checkbox"/> 0%-15%	<input type="checkbox"/> 16%-25%	<input type="checkbox"/> 26%-30%	<input type="checkbox"/> 31%-35%	
			<input type="checkbox"/> 35%+	
INVESTMENT EXPERIENCE	INVESTMENT EXPERIENCE <i>(Please tell us your experience level in each investment, and specify the number of years of experience you have with it)</i>			
	STOCKS / BONDS			
	<input type="checkbox"/> None	<input type="checkbox"/> Limited	<input type="checkbox"/> Average	<input type="checkbox"/> Extensive
				Number of Years*: _____
	OPTIONS			
	<input type="checkbox"/> None	<input type="checkbox"/> Limited	<input type="checkbox"/> Average	<input type="checkbox"/> Extensive
			Number of Years*: _____	
MUTUAL FUNDS				
<input type="checkbox"/> None	<input type="checkbox"/> Limited	<input type="checkbox"/> Average	<input type="checkbox"/> Extensive	
			Number of Years*: _____	
VARIABLE ANNUITIES				
<input type="checkbox"/> None	<input type="checkbox"/> Limited	<input type="checkbox"/> Average	<input type="checkbox"/> Extensive	
			Number of Years*: _____	
ALTERNATIVE INVESTMENTS				
<input type="checkbox"/> None	<input type="checkbox"/> Limited	<input type="checkbox"/> Average	<input type="checkbox"/> Extensive	
			Number of Years*: _____	
INVESTMENT OBJECTIVES	For definitions regarding investment objectives, see last page of the application.			
	SELECT THE DEGREE OF RISK YOU ARE WILLING TO TAKE WITH THE ASSETS IN THIS ACCOUNT			
	<input type="checkbox"/> Conservative	<input type="checkbox"/> Moderate	<input type="checkbox"/> Aggressive	<input type="checkbox"/> Speculative
	SELECT THE PRIMARY INVESTMENT OBJECTIVE FOR THIS ACCOUNT			
	<input type="checkbox"/> Conservation	<input type="checkbox"/> Moderate	<input type="checkbox"/> Moderate Growth	<input type="checkbox"/> Growth
				<input type="checkbox"/> Aggressive Growth
	SELECT THE SECONDARY INVESTMENT OBJECTIVES FOR THIS ACCOUNT <i>(Check at least one or all that apply)</i>			
<input type="checkbox"/> Conservation	<input type="checkbox"/> Moderate	<input type="checkbox"/> Moderate Growth	<input type="checkbox"/> Growth	
			<input type="checkbox"/> Aggressive Growth	
			<input type="checkbox"/> None	
SELECT YOUR LIQUIDITY NEEDS FOR THIS ACCOUNT <i>(Check at least one that apply)</i>				
<input type="checkbox"/> 0-3 Months	<input type="checkbox"/> 4-6 Months	<input type="checkbox"/> 7-9 Months	<input type="checkbox"/> 10-12 Months	
			<input type="checkbox"/> More Than 1 Year	
SELECT THE INVESTMENT TIME HORIZON FOR THIS ACCOUNT				
<input type="checkbox"/> Less Than 1 Year	<input type="checkbox"/> 1-3 Years	<input type="checkbox"/> 4-6 Years	<input type="checkbox"/> 7-9 Years	
			<input type="checkbox"/> 10-12 Years	
			<input type="checkbox"/> More Than 12 Years	
AFFILIATIONS	Is any Officer and any immediate families living in the same household (including spouse, parents, in-laws, siblings, and dependents) a member of the board of directors, 10% shareholder, or policy-making officer of a publicly traded company?			
	<input type="checkbox"/> Yes	Affiliated Person/Officer Name	Company Name	Ticker
	<input type="checkbox"/> No	Company Address	City	State
				Country
	Is any Officer and any immediate families living in the same household (including spouse, parents, in-laws, siblings, and dependents) licensed, employed by or associated with a broker-dealer firm, a financial services regulator, securities exchange, or member of a securities exchange? If yes, then specify the name of affiliated person/Officer & affiliated entity below.			
	<input type="checkbox"/> Yes	Affiliated Person/Officer Name & Affiliated Entity		If this entity requires its approval for you to open this account, provide a copy of the required authorization letter via email.
	<input type="checkbox"/> No			
	Is any Officer and any immediate families living in the same household (including spouse, parents, in-laws, siblings, and dependents) employed by or is a federal or state registered Investment Advisor? If yes, then specify the name of affiliated person/Officer and Investment Advisor company name.			
	<input type="checkbox"/> Yes	Affiliated Person/Officer Name & Investment Advisor Company		
	<input type="checkbox"/> No			
Is any Officer and any immediate families living in the same household (including spouse, parents, in-laws, siblings, and dependents) using a license in a professional sale or trading capacity? If yes, then specify the name of affiliated person/Officer.				
<input type="checkbox"/> Yes	Affiliated Person/Officer Name			
<input type="checkbox"/> No				

TRUSTED CONTACT PERSON INFORMATION <i>(Optional)</i>	TRUSTED CONTACT PERSON			TITLE		SUFFIX
	First Name	Middle Name	Last Name	<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Sr.
				<input type="checkbox"/> Ms.	<input type="checkbox"/> Dr.	<input type="checkbox"/> Jr.
	CONTACT INFORMATION					
	Apt/Suite No.	Street	City	State	Country	
	Zip Code	Mobile Phone No.	Home Phone No.	Work Phone No.		
Email Address			Relationship to the Company			
By choosing to provide information about a trusted contact person, you authorize us to contact the trusted contact person listed below and disclose information about your account to that person in the following circumstances: to address possible financial exploitation, to confirm the specifics of your current contact information, health status, or the identity of any legal guardian, executor, trustee or holder of a power of attorney, or as otherwise permitted by FINRA Rule 2165 (Financial Exploitation of Specified Adults).						
FUNDING YOUR ACCOUNT	I WILL BE FUNDING WITH					
	<input type="checkbox"/> A Check. We suggest you to notify us before mailing a check. <input type="checkbox"/> A wire transfer to be initiated after account opening. Please contact Royal Treasure Securities LLC prior to initiating wire transfer. <input type="checkbox"/> A transfer of assets from an existing account. Please complete and include an Account Transfer Form and a copy of your most recent account statement.					
COMMUNICATION OPTIONS	I UNDERSTAND AND AGREE THAT:					
	Neither We or Velox will provide you with paper statements, notices or other disclosures regarding your account. Your consent that electronic delivery will apply to all records and documents related to your account. It is your responsibility to provide and maintain a current, valid email address. In the event, you change your email address, you must immediately notify us.					
W-9 CERTIFICATION	IF I AM A U.S. PERSON FOR TAX PURPOSES:					
	Under penalties of perjury, I certify that: (1) the number shown on this form is my correct taxpayer identification number; (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Services (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; (3) I am a U.S. citizen or other U.S. person; and (4) the FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.					
	Definition of a U.S. person. For federal tax return purposes, you are considered a U.S. person if you are: An individual who is a U.S. citizen or U.S. resident alien, A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, an estate (other than a foreign estate), or a domestic trust (as defined in Regulations section 301.QQ01-Q).					
	If I have been notified by the IRS that I am subject to backup withholding because I have failed to report all interest and dividends on my tax return, I must cross out (2) in this certification.					
	IF I AM NOT A U.S. PERSON FOR TAX PURPOSES:					
	I am submitting the applicable Form W-8 with this form to certify my foreign status.					
REVIEW & SIGNATURES	ACKNOWLEDGEMENT					
	The Internal Revenue Service does not require your consent to any provisions of this document other than the certifications required to avoid backup withholding.					
	I authorize my broker and/or Clearing Firm to obtain a consumer report at the time of application to verify my creditworthiness and to obtain a consumer report from time to time for updates, renewals, extensions, and collection activity on any approved account. Upon my written request, my broker and/or Clearing Firm will disclose to me whether it obtained a report, and if so, the name and address of the consumer-reporting agency that provided it. In the event that my account is denied by Clearing Firm, as a result of the consumer report verification, I authorize Clearing Firm to provide to my broker the reason(s) for such denial.					
	By signing this Application, you affirm that you have received and read this Application and any supplemental documents governing this relationship. You affirm that the information you have provided is accurate and you agree to notify us of any changes in the information provided.					
	SIGNATURES					
	Control Person Name <i>(Please print)</i>	Control Person Signature			Date	

Investment Objectives Definitions

Conservation: Reflects your desire to seek very low risk and minimize potential loss of principal. You may seek income from your investments while understanding that returns may not keep pace with inflation. You may also intend to invest over a short period of time.

Moderate: Reflects your desire to seek lower risk and fluctuation in your portfolio, while striving to achieve more stable returns on your investments. It may also mean that you plan to invest over a short period of time.

Moderate growth: Reflects your desire to seek growth in your portfolio by typically using a balance of growth and conservative investment types. It may also mean that you are moderately tolerant of risk and plan to invest for a medium to long period of time.

Growth: Reflects your desire to seek the potential for investment growth, as well as your tolerance for more significant market fluctuations and risk of loss. It may also mean that you plan to invest over a long period of time.

Aggressive Growth: Reflects your desire for potentially substantial investment growth, as well as your tolerance for large market fluctuations and increased risk of loss. It may also mean that you plan to invest over a long period of time.

APPENDIX: Required Supporting Documents for Account Opening

Supporting Document	Note	Attachments
Articles of Incorporation	Required	
Bank Statement (Most Recent 3 months)	Required	
Organization Chart for Management	Required	
W-8BEN-E or W9	Required	
Customer Margin Account Agreement	If applying for a margin account, then required	
Photo ID	If this is a domestic entity and this person owns 25% or more	
Organization Bylaw or LPA	If applicable	
Organization Chart for Affiliated Companies	If corporation is LLC	