



GRAND CENTRAL CREDIT UNION

Head Office Building

17 Holehouse Dr Glasgow G13 3HA Tel. +44 7441445014 www.finexcapitalbank.com

About this Application

This is a GRAND CENTRAL CREDIT UNION Account Application. Please read it carefully, as you will select products and services, tell us how you want to communicate with us, 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 { GRAND CENTRAL CREDIT UNION (FCB), 17 Holehouse Dr Glasgow G13 3HA} and our branches, subsidiaries, and affiliates.

Getting Started

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
- Back-up contact information
- [Firms can include other relevant documents or information]

The above information helps us comply with various securities regulations and rules, a Federal law that requires all securities firms to obtain, verify, and record information that identifies each applicant. The information also helps us more fully understand your investment profile and identify what types of investments or strategies may be suitable for you. Please note: if we cannot verify the information you provide, we may be required to restrict or deny your account.

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.

1 Select An Account

Account Type

- ☐ Individual / Joint Account
- ☐ Premium Multi-Currency Business Account Multi-Currency
- ☐ Offshore Account
- ☐ Corporate Bank Account

[Firms should include the appropriate joint account types consistent with the states in which they are doing business, e.g. Tenants by the Entirety, Joint Tenants with Right of Survivorship, Community Property, Tenants in Common, etc.]

Other Accounts

Do you have other accounts with us? ☐ Yes ☐ No

2 Please Tell Us About Yourself

Primary Applicant

Contact Information

☐

☐ Mrs.

☐

☐ Dr.

Suffix

☐ Sr.

☐ Jr.Mr.

Ms.

First Name

Middle Name

Last Name

Permanent Address
Apt/Suite No.

City

State

ZIP Code

Country

Work Phone

Home Phone

Mobile Phone

Email Address

☐ Please check if you have been at your current home address for less than one year.

Mailing Address (if different from above)
Apt/Suite No.

City

State

ZIP Code

Country

ACCOUNT NUMBER:

Are you:

☐ Single ☐ Married ☐ Domestic Partner ☐ Divorced ☐ Widowed

Number of Dependents:

Employment Status

Are you currently:

☐ Employed ☐ Self-Employed ☐ Not Employed ☐ Retired ☐ Student ☐ Other:

Job Title

Occupation

Employer

Years with this Employer

Business Address
Apt/Suite No.

City

State

ZIP Code

Country

Information (Required by Federal law—See page 1)

All applicants please provide the information below. Non-resident aliens, also include a completed W-8BEN.

Date of Birth (...../...../.....)		Social Security or Taxpayer ID No.		Country of Citizenship	
ID No. (Select one): <input type="checkbox"/> Driver's License State ID		<input type="checkbox"/> Passport		<input type="checkbox"/> Other Government-issued ID Place/Country of Issuance	
Issue Date (...../...../.....)		Expiration Date (...../...../.....)		Country of Tax Residence (if different than country of citizenship)	

2

Please Tell Us About Yourself—CONTINUED

Co-Applicant (if applicable)

Contact Information

City		State	ZIP Code	Country	
Work Phone	Home Phone	Mobile Phone		Email Address	
<input type="checkbox"/> Please check if you have been at your current home address for less than one year.					
Mailing Address (if different from above)				Apt/Suite No.	
City		State	ZIP Code	Country	
<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms.	<input type="checkbox"/> Dr.	Suffix	<input type="checkbox"/> Sr. <input type="checkbox"/> Jr.
First Name		Middle Name		Last Name	
<input type="checkbox"/> Use the same contact information listed for the primary applicant.					
Permanent Address				Apt/Suite No.	

Are you:

☐ Single☐ Married☐Domestic Partner ☐ Divorced ☐ Widowed

Number of Dependents:

Employment Status

Are you currently:

☐ Employed☐ Self-Employed☐ Not Employed☐ Retired☐ Student☐ Other:

Job Title

Occupation

Employer

Years with this Employer

Business Address

Apt/Suite No.

City

State

ZIP Code Country

Information (Required by Federal Law—See page 1)

All applicants please provide the information below. Non-resident aliens, also include a completed W-8BEN.

Date of Birth (...../...../.....)

Social Security or Taxpayer ID No.

Country of Citizenship

ID No. (*Select one*): ☐ Driver's License ☐ Passport☐ State ID☐ Other Government-issued ID

Place/Country of Issuance

Issue Date (...../...../.....)

Expiration Date (...../...../.....)

Country of Tax Residence (if different than country of citizenship)

ACCOUNT NUMBER:

2

Please Tell Us About Yourself—CONTINUED

All Applicants

Industry and Other Affiliations

Primary Applicant	Co-Applicant	Are you, your spouse, or any other immediate family members, including parents, in-laws, siblings and dependents:
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Employed by or associated with the securities industry (for example, a sole proprietor, partner, officer, director, branch manager, registered representative or other associated person of a broker-dealer firm) or a financial services regulator?
		If yes, please specify entity below. If this entity requires its approval for you to open this account, please provide a copy of the required authorization letter (with this Application).
		<input type="checkbox"/> Broker-Dealer or Municipal Securities Dealer <input type="checkbox"/> Investment Adviser
		<input type="checkbox"/> FINRA or other Self Regulatory Organization* <input type="checkbox"/> State or Federal Securities Regulator
		(*Including a national securities exchange, registered securities association, registered clearing agency or the Municipal Securities Rulemaking Board.)
		Name of entity(ies):
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	An officer, director or 10% (or more) shareholder in a publicly-owned company?
		Name of company and symbol:
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	A senior military, governmental or political official in a non-country?
		Name of country:
		[Firms may consider whether to include this question in the context of their risk assessment procedures and the products and services they offer.]

Financial Situation and Needs, Liquidity Considerations, and Tax Status

Please tell us your best estimate as to:

ANNUAL INCOME ¹ (from all sources)	(excl	LIQUID NET WORTH ³	TAX RATE (highest marginal)
<input type="checkbox"/> \$25,000 and under	<input type="checkbox"/> \$25,000 and under	<input type="checkbox"/> \$25,000 and under	<input type="checkbox"/> 0-15%
<input type="checkbox"/> \$25,001-50,000	<input type="checkbox"/> \$25,001-50,000	<input type="checkbox"/> \$25,001-50,000	<input type="checkbox"/> 16-25%
<input type="checkbox"/> \$50,001-100,000	<input type="checkbox"/> \$50,001-200,000	<input type="checkbox"/> \$50,001-200,000	<input type="checkbox"/> 26-30%
<input type="checkbox"/> \$100,001-250,000	<input type="checkbox"/> \$200,001-500,000	<input type="checkbox"/> \$200,001-500,000	<input type="checkbox"/> 31-35%
<input type="checkbox"/> \$250,001-500,000	<input type="checkbox"/> \$500,001-1,000,000	<input type="checkbox"/> \$500,001-1,000,000	<input type="checkbox"/> Over 35%
<input type="checkbox"/> Over \$500,000	<input type="checkbox"/> \$1,000,001-3,000,000	<input type="checkbox"/> \$1,000,001-3,000,000	
	<input type="checkbox"/> Over \$3,000,000	<input type="checkbox"/> Over \$3,000,000	

ANNUAL EXPENSES ⁴ (recurring)	SPECIAL EXPENSES ⁵ (future, non-recurring)	LIQUIDITY NEEDS
<input type="checkbox"/> \$50,000 and under	<input type="checkbox"/> \$50,000 and under	The ability to quickly and easily convert to cash all or a portion of the investments in this account without experiencing significant loss in value from, for example, the lack of a ready market, or incurring significant costs or penalties is (check one)
<input type="checkbox"/> \$50,001-100,000	<input type="checkbox"/> \$50,001-100,000	
<input type="checkbox"/> \$100,001-250,000	<input type="checkbox"/> \$100,001-250,000	
<input type="checkbox"/> \$250,001-500,000	<input type="checkbox"/> \$250,001-500,000	
<input type="checkbox"/> Over \$500,000	<input type="checkbox"/> Over \$500,000	
	Timeframe for special expenses: <input type="checkbox"/> Within 2 years <input type="checkbox"/> 3-5 years <input type="checkbox"/> 6-10 years	<input type="checkbox"/> Very important <input type="checkbox"/> Important <input type="checkbox"/> Somewhat important <input type="checkbox"/> Does not matter

¹ **Annual income** includes income from sources such as employment, alimony, social security, investment income, etc.

² **Net worth** is the value of your assets minus your liabilities. For purposes of this application, assets include stocks, bonds, mutual funds, other securities, bank accounts, and other personal property. Do not include your primary residence among your assets. For liabilities, include any outstanding loans, credit card balances, taxes, etc. Do not include your mortgage.

³ **Liquid net worth** is your net worth minus assets that cannot be converted quickly and easily into cash, such as real estate, business equity, personal property and automobiles, expected inheritances, assets earmarked for other purposes, and investments or accounts subject to substantial penalties if they were sold or if assets were withdrawn from them.

⁴ **Annual expenses** might include mortgage payments, rent, long-term debts, utilities, alimony or child support payments, etc. ⁵ **Special expenses** might include a home purchase, remodeling a home, a car purchase, education, medical expenses, etc.

2 Please Tell Us About Yourself__CONTINUED

Investment Risk Tolerance

Investing involves risk. Different investment products and strategies involve different degrees of risk. The higher the expected returns of a product or strategy, the greater the risk that you could lose most of your investment. Investments should be chosen based on your objectives, timeframe, and tolerance for market fluctuations.

Please select the degree of risk you (and any co-applicants, if applicable) are willing to take with the assets in this account.

- ☐ **Conservative.** I want to preserve my initial principal in this account, with minimal risk, even if that means this account does not generate significant income or returns and may not keep pace with inflation.
- ☐ **Moderately Conservative.** I am willing to accept low risk to my initial principal, including low volatility, to seek a modest level of portfolio returns.
- ☐ **Moderate.** I am willing to accept some risk to my initial principal and tolerate some volatility to seek higher returns, and understand I could lose a portion of the money invested.
- ☐ **Moderately Aggressive.** I am willing to accept high risk to my initial principal, including high volatility, to seek high returns over time, and understand I could lose a substantial amount of the money invested.
- ☐ **Significant Risk.** I am willing to accept maximum risk to my initial principal to aggressively seek maximum returns, and understand I could lose most, or all, of the money invested.

Financial Investment Experience

We are collecting the information below to better understand your investment experience. We recognize your responses may change over time as you work with us.

Investment	Years experience		Transactions per year (excluding automatic investments)				Please check the boxes that best describe your investment experience to date.		
							<input type="checkbox"/>	Mutual Funds/	
Exchange Traded Funds	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1-5	Over	<input type="checkbox"/>	<input type="checkbox"/>	5
Individual Stocks	0	1-5	<input type="checkbox"/>	<input type="checkbox"/>	Over 5	0-5	<input type="checkbox"/>	<input type="checkbox"/>	
Bonds	0	1-5	Over 5	0-5	6-	15	Over 15	<input type="checkbox"/>	
Options	0	1-5	Over 5	0-5	6-	15	Over 15	<input type="checkbox"/>	
Securities Futures	0	1-5	<input type="checkbox"/>	<input type="checkbox"/>	Over 5	0-5	<input type="checkbox"/>	<input type="checkbox"/>	
Annuities	0	1-5	Over 5	0-5	6-15	Over	<input type="checkbox"/>	<input type="checkbox"/>	15

Decision-Making (check all that apply)

- ☐ I consult with my broker, investment adviser, CPA, or other financial professional.
- ☐ I generally make my own decisions and/or consult with my co-applicant(s).
- ☐ I discuss investment decisions with family and/or friends.

2

Please Tell Us About Yourself__CONTINUED

Other Investments

Please provide us with additional information about your other investments to help us more fully understand your investment profile and identify

Alternative⁶ 0 1-5 Over 5 0- ☐ ☐ ☐ 5 6-15 Over ☐ ☐ 15

Margin 0 1-5 Over 5 ☐ ☐ ☐

⁶ May include structured products, hedge funds, etc.

what types of investments or strategies may be suitable for you.

Investment type/Description	Firm holding the investment	Amount (\$US)
-----------------------------	-----------------------------	---------------

Investment Objectives and Investment Time Horizon

<p>The investments in this account will be (check one):</p> <div><input type="checkbox"/> Less than 1/3 of my financial portfolio</div> <div><input type="checkbox"/> Roughly 1/3 to 2/3 of my financial portfolio</div> <div><input type="checkbox"/> More than 2/3 of my financial portfolio</div>	<p>plan to use this account for the following (check all that apply):</p> <div><input type="checkbox"/> Generate income for current or future expenses</div> <div><input type="checkbox"/> Partially fund my retirement</div> <div><input type="checkbox"/> Wholly fund my retirement</div> <div><input type="checkbox"/> Steadily accumulate wealth over the long term</div> <div><input type="checkbox"/> Preserve wealth and pass it on to my heirs</div> <div><input type="checkbox"/> Pay for education</div> <div><input type="checkbox"/> Pay for a house</div> <div><input type="checkbox"/> Market speculation</div> <div><input type="checkbox"/> Other: _____</div>
--	--

\$	
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$

(use additional space as needed)

3

Tell Us How You Intend to Use This Account

The more we know about you and your goals for this account, the better we can serve you. Please answer the following questions about your investment objectives and investment time horizon to help us determine which investment products and strategies are suitable for you.

[If a customer chooses multiple objectives that appear inconsistent, a firm must conduct appropriate supervision and meaningful suitability determinations, as applicable, in light of such differences (e.g., clarify the customer’s intent and, if necessary, reconcile and/or determine how to handle the customer’s differing investment objectives).]

The expected period of time you plan to invest to achieve your financial goal(s):

- ☐ Under 1 year
- ☐ 1-2 years
- ☐ 3-5 years
- ☐ 6-10 years
- ☐ 11-20 years
- ☐ Over 20 years

Other Information

Please

provide us with any additional information not requested above that you believe will help us more fully understand your investment profile and identify what types of investments or strategies may be suitable for you.

(use additional space as needed)

(Time: Tel:

4 Tell Us How You Will Fund This Account

Please tell us how you are funding this account (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Income | <input type="checkbox"/> Insurance payout |
| <input type="checkbox"/> Pension or retirement savings | <input type="checkbox"/> Inheritance |
| <input type="checkbox"/> Funds from another account | <input type="checkbox"/> Social Security benefits |
| <input type="checkbox"/> Gift | <input type="checkbox"/> Home Equity Line of Credit/Reverse Mortgage |
| <input type="checkbox"/> | <input type="checkbox"/> Other: _____ |

5 Tell Us How You Want to Work With Us

Sale of business or property

Account Features

[Firms may use this section to indicate any additional account features or offerings such as check writing services, debit/credit cards, cash management programs, and the like.]

Please note: You may change your account features and options at any time, with advance written notice to us.

Borrowing Money to Buy Securities (Buying “On Margin”) – Please Read Carefully

You will have a “cash account,” unless you choose to have a “margin loan account” (customarily known as a “margin account”). To help you decide whether a margin loan account is right for you, please read this information, the Margin Loan Agreement and the Margin Disclosure Statement.

In a cash account, you pay for your securities in full by the settlement date of the purchase (generally three business days from the purchase). In a margin loan account, we may lend you a portion of the purchase price. This is called buying securities “on margin.” For example, when you buy equity securities (such as common stock) on margin, you typically must deposit at least 50% of the purchase price, and we would loan you the balance. **You are liable for repaying the borrowed funds and the interest incurred.**

If you borrow funds in your margin loan account and the value of your holdings declines below the firm’s and /or regulatory maintenance margin requirement, you may be subject to a “margin call.” This means that we can either (1) require you to deposit additional cash or margin-eligible securities to your account immediately, or (2) sell **any** of the securities in your account to cover any shortfall, **without informing you in advance**. We will decide which of your securities to sell. **Even if we notify you that you have a certain number of days to cover the shortfall, we may still sell your securities before that timeframe expires.** Further, we may increase at any time the level of equity that you must maintain in your margin account without triggering a margin call.

We have the right to lend shares held in your margin loan account to others. This should not impede your ability to sell these shares, but may cause you to lose voting rights and the right to preferred tax treatment on certain dividend payments.

[Firms may specify here individual policies on how trades are handled if there are insufficient funds for margin or cash accounts.]





Tell Us How You Want to Work With Us__CONTINUED

Customer Agreement _ Sole Ownership

Borrowing funds to buy securities is only appropriate for those investors who can tolerate losing more than the amount of money deposited in the account. To avoid the use of margin, even in a margin loan account, always pay for your purchases in full by the settlement date of the purchase.

No I ☐ do not want the ability to borrow funds in my account, which means I will have a cash account.
of 15

If the customer is a sole owner, the customer agrees to the following terms in respect of banking and security:

Yes I want the ability to borrow funds in my account. I have read the Margin Loan Agreement and the Margin Disclosure Statement and understand my rights and obligations under them.

Note: If you do not check any box above, by default you will have a cash account.

[Firms should indicate what type of account will be the default if the customer fails to indicate a choice above.]

1. The customer, doing business with GRAND CENTRAL CREDIT UNION ("the bank"), holds himself or herself responsible for all transactions entered into with the bank under the customer's trading name, if any whether by himself or herself or by a person appointed as customer's attorney.
2. The endorsement by means of the trading name being impressed by rubber stamp or otherwise on any instrument which may be deposited in the bank to the credit of the account in the trading name of the customer shall be binding on the customer as fully and effectually as if such endorsement were written by or with the authority of the customer.
3. The attorney indicated in the Customer Agreement of the Business Services Agreement is appointed the attorney for the Customer for the following purposes:
 - (a) to deposit with or negotiate or transfer to the Bank for the credit of the Customer, cash or any security, instrument or other property, and for those purposes to endorse (by rubber stamp or otherwise) the name of the Customer, or any other name under which the Customer carries on business, on any security or instrument;
 - (b) to receive statements, instruments and other items (including paid cheque or certified copies of cheques) and documents relating to the Customer's accounts with or any service of the Bank (including any revisions to the Bank's rules and manuals of operation) and
 - (c) to use a card or client identification number, to get her in certain instances with a security code, to make transactions on accounts.
4. The powers granted to the attorney in section 3 of this Form C may be exercised for the accommodation or benefit of third persons or of the Customer's attorney with or without consideration.
5. The provisions contained in the Banking Services Terms including, without limitation, the provisions concerning the binding effect of electronic communications received by the Bank from or in the name of the customer and the provisions relating to truncation of cheques, are expressly approved.

6. This Declaration and Undertaking shall continue in full force and effect as between the Customer and the Bank until written notice of the revocation or cancellation thereof shall have been given to the branch or agency of the Bank at which the account of the Customer is kept and receipt of such notice duly acknowledged in writing. The Bank may accept instructions from and otherwise deal with the attorney, if one is appointed, until the Bank where the Customer has an account receives and acknowledges in writing, a written notice that the attorney's appointment has been terminated. Until any such notice is given and acknowledged, all that the attorney does in accordance
7. With section 3 above is fully accepted and confirmed.

Communications Choices

Communications Options

Unless you choose otherwise, we will use postal mail to send you any communications. As an alternative, you may choose to be notified by email when certain communications are available for you to access online. If you wish to be notified by email instead of receiving communications by postal mail, please select one of the options below:

All communications – I wish to be notified by email about the online availability of any communications, including trade

[Firms: Tel:

☐ confirmations, prospectuses, account statements, proxy materials, tax-related documents, and marketing and sales documents.

All communications except trade confirmations, account statements, and tax-related documents – I wish to be notified by email ☐ about the online availability of all communications except trade confirmations, account statements, and tax-related documents, which

still wish to receive by postal mail.

☐ **All communications except tax-related documents** – I wish to be notified by email about the online availability of all

Page 10 of 11

5 Tell Us How You Want to Work With Us__CONTINUED

Postal Mail Options (if you requested postal mail delivery in the previous section)

By checking the boxes below, you request that all communications for the applicants listed on this Application be delivered to the following communications except tax-related documents, which I still wish to receive by postal mail.

☐
☐

If you choose email for any communications, please tell us the email address we should use:

☐

A copy of [Firm's] privacy policy will be provided to you along with this Application. [Firms can tailor this language to reflect how they will deliver their privacy policy to the customer.]

single postal mailing address:

Primary Applicant's Mailing Address

Co-Applicant's Mailing Address Other. Please specify:

ACCOUNT NUMBER:

Duplicate Copies (optional)

Please send duplicate copies of the following documents to the person listed below: All Communications Trade Confirmations, Account Statement and Tax-Related Documents Tax-Related Documents Only

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. **Suffix** ☐ Sr.

First Name Middle Name

Address

City State ZIP Code Country

Relationship to Primary Applicant/Co-Applicant:

Back-Up Contact Information

ACCOUNT NUMBER:

Page 13 of 15

If we are unable to reach you for the period of time stated in the Terms & Conditions, you authorize us to contact the person listed below and to disclose information about you in order to confirm the specifics of your current contact information, health status, and the identity of any legal guardian, executor, trustee, or holder of a power of attorney.

☐ Jr.

Last Name

Apt/Suite No.

Note: Your back-up contact should not be a co-applicant.

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. **Suffix** ☐ Sr.

☐ Jr.

First Name
Middle Name

Last Name

Apt/Suite No.

City

State

Address

Country

ZIP Code

Work Phone

Home Phone

Mobile Phone

Email Address

Relationship to Primary Applicant/Co-Applicant:

[Firms: Tel:

6 Review and Submit This Application

ACCOUNT NUMBER: Page 11 of 11

Confirmations and Signatures – Please Read Carefully

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.

Tax Withholding Certifications

Please check all boxes that apply, and sign and date below.

<input type="checkbox"/>	<input type="checkbox"/>	Primary Applicant Co-Applicant UK : Under penalty of perjury, I certify that: (1) I am a UK citizen, UK resident alien or other UK person, and the Social Security Number or Taxpayer Identification Number provided in this Application is correct (or I am waiting for a number to be issued to me); and
		(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 Service (IRS) that I am subject to backup withholding
that I am no longer subject to backup withholding as a result of a failure to report all interest or dividends; or (c) the IRS has notified me		
<input type="checkbox"/>	<input type="checkbox"/>	Certification Instructions: You must check this box if you cannot certify to item (2) above, meaning
you have failed to report all interest and dividends on your tax return; that you have been notified by the IRS that you are currently subject to backup withholding	<input type="checkbox"/>	because
Non-Resident Alien: I certify that I am not a UK citizen, UK resident alien, or other UK person for UK		

this form to certify my foreign status and, if applicable, claim tax treaty benefits. tax purposes, and I am submitting the applicable Form W -8 with

[Note: If the firm uses a Predispute Arbitration clause, it must comply with applicable FINRA disclosure requirements and restrictions on provisions that limit rights and remedies.]

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signatures

Primary Applicant Name (please print)

Primary Applicant Signature

Date

Co-Applicant Name (please print)

Co-Applicant Signature

Date

[Firms should insert their principal and other required signature blocks here. Firms may also include or attach any additional disclosures such as privacy policies, business continuity plans, revenue sharing disclosures, etc.]

Please mail your completed Application to the address listed below, E-mail: support@finexcapitalbank.com .
Finex Capital Bank , 17 Holehouse Dr Glasgow G13 3HA : Internal Use Only.

