

# Limited Power of Attorney Appointment



To be completed only in the event that you wish to grant a limited power of attorney to another person to act on your behalf in respect of your account and be the **SOLE** individual to issue trading instructions until such times as you notify Cantor Fitzgerald to remove said attorney from your account.

In addition to the below completed form, we also require Anti-Money Laundering documentation for the attorney noted below.

Please include a certified copy of your in-date passport or driving license and two proofs of address dated within the last 6 months. A copy of our AML flyer can be found [HERE](#)

## Purpose and Attorney Details (PLEASE USE BLOCK CAPITALS)

I/We hereby grant the Attorney, nominated below, a Limited Power of Attorney in respect of my/our Account  subject to Cantor Fitzgerald's ("Cantor") right to accept and to maintain such an Attorney appointment and subject to the terms and conditions applicable thereto.

For that purpose I/we authorise the Attorney:

- To operate my/our account other than in regard of closing the account or changing bank instructions
- To instruct via oral, written or email instruction to buy or sell investments or contracts subject to the prevailing Cantor Terms and Conditions and as disclosed upon Cantor's website. Orders transmitted via email or in writing are only valid when I/we receive an acknowledgment from my/our Cantor broker accepting or completing the order.
- To issue instructions in regard of corporate actions that arise in respect of my/our account and to provide such information and other instruction which Cantor requires and may rely upon for the operation of my/our account, including information pertaining to my financial situation and circumstance.

### Details of Attorney

Surname	<input type="text"/>	Forename	<input type="text"/>
Address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>	Country of Residence	<input type="text"/>
Email	<input type="text"/>	Nationality	<input type="text"/>
Telephone	<input type="text"/>	Date of Birth	<input type="text" value="DD"/> <input type="text" value="MM"/> <input type="text" value="YY"/>

\*Please note while this Limited Power of Attorney remains in force orders and investment instructions may only be accepted from the Attorney.

## Acknowledgement

In signing this acknowledgement I/we acknowledge that I/we am/are bound by the Cantor Terms and Conditions and such other Cantor documentation that I/we have completed in respect of this account.

I/We authorise Cantor to accept all instructions and information provided in regard of my/our account, whether orally, by e-mail or in writing, from the Attorney, subject to Cantor's prevailing Terms and Conditions and as accepted by Cantor. Cantor shall not be obliged to make any enquiry of any other person, including me/use before acting on such instructions or information.

I/We accept full responsibility and liability for any and all such instructions and information (and for all transactions and investments that may be entered into as a result) and will indemnify Cantor and keep it indemnified against any and all loss, damage or expense incurred by it as a result of its acting on such instructions or information received pursuant to this Limited Power of Attorney appointment and shall also indemnify Cantor in regard of any loss, claim, complaint, dispute, or liability as arising between the Attorney and me/us. Cantor shall have no liability for any loss, damage or expense incurred as a result of error or omission arising from delayed receipt, non-receipt, duplication or errors within such instructions. The appointment of the Attorney can in no way be deemed to create a greater or enhanced duty of care to me/us as a client than if I/we were instructing Cantor directly.

These terms, undertakings and indemnities are effective:

- whatever the circumstances giving rise to such loss, damage or expense;
- whatever the knowledge, acts or omissions of Cantor in relation to any other account held by any other person or body (including the Attorney named above) with Cantor.

This Power of Attorney may only be amended or revoked by me/us in writing, email or over a recorded line. Any such revocation shall not be effective until and acknowledged by Cantor. I/We acknowledge that I/we will remain liable for all instructions given or information provided prior to the receipt of such revocation by Cantor, and that I/we will be responsible for all and any losses which may arise on transactions or investments which are open before acknowledgement of the revocation of the Power of Attorney by Cantor.

I/We will indemnify and keep Cantor indemnified in respect of any such losses.

Please continue to next page

ALL SECTIONS MUST BE COMPLETED

# Limited Power of Attorney Appointment



## Acknowledgement continued

SIGNATURE OF ATTORNEY

Date

 DD  MM  YY

Company Name (where relevant)  
(if applicable)

SIGNATURE OF ACCOUNT HOLDER

Date

 DD  MM  YY

SIGNATURE OF JOINT ACCOUNT HOLDER

Date

 DD  MM  YY

SIGNATURE OF WITNESS

Date

 DD  MM  YY

**This section MUST be completed by the Attorney.**

The information provided below will be used by Cantor Fitzgerald ('Cantor') in carrying out an assessment of financial experience and expertise of the Attorney. Cantor's policy is that the financial experience and expertise of the Attorney is all that is relevant for so long as the Limited Power of Attorney is in force, instructions will only be accepted from the Attorney.

## Power of Attorney Experience (PLEASE USE BLOCK CAPITALS)

**WARNING: All of the following sections must be completed. This information is required by law to allow us to complete an appropriateness assessment, if required.**

\*Decision Maker is a person authorised on the account and appointed to make decisions on behalf of the account i.e. the account holder, beneficial owner, authorised signatory or power of attorney. A group of two or more natural persons are required to designate one person's Knowledge & Experience for the purposes of conducting the appropriateness assessment.

**(i) Please indicate in what capacity or service level you gained any knowledge and experience in financial markets:**

(You can select more than one option if applicable)

- 1. Execution Only:** You made all the decisions without professional advice; only market information and updates
- 2. Advisory:** You made all the decisions with the benefit of advice from a financial advisor
- 3. Discretionary:** You agreed account parameters and allowed an investment advisor to make decisions on your behalf without reverting to you

**(ii) Please indicate your investment experience in relation to the following Financial Instruments:**

**None:** You have no experience investing in financial markets.

**Limited** You have some knowledge and experience of financial markets but limited actual trading history.

**Good:** You have reasonable knowledge and experience of financial markets and have traded over a number of years.

**Extensive:** You have good knowledge and experience and have traded consistently over the last number of years.

FINANCIAL INSTRUMENTS	NONE	LIMITED	GOOD	EXTENSIVE	NUMBER OF YEARS EXPERIENCE	TYPICAL NUMBER OF TRADES PER ANNUM <small>(if 'zero' trades please note 0 in the box)</small>
Equities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Bonds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Investment Funds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
ETFs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Structured Products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Corporate Finance/ Unquoted Investments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Derivatives <small>(CFD's, Options, Futures)</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

Please continue to next page

ALL SECTIONS MUST BE COMPLETED

## Power of Attorney Experience continued

(iii) If you have indicated Basic/Good/Extensive Knowledge and Experience but have no history of transacting, please indicate how you have attained this knowledge/attained your years experience?

### (iv) Relevant Professional Qualification or Experience

1. Do you have a relevant professional qualification? Yes  No

Please list qualification(s)

2. Do you work as investment manager/advisor OR in Financial Services? Yes  No

If yes, please provide your title

3. Are you a member of a relevant financial services professional body? ('i.e. ACOI, LIA, IOB, etc.) Yes  No

If yes, please list the professional body

SIGNATURE OF ATTORNEY

DATE

Company Name (where relevant)

ALL SECTIONS MUST BE COMPLETED