

PARENT/LEGAL GUARDIAN CONSENT FORM

I am the parent/legal quardian of
and I understand that my permission and authorization is required for
Capital Express Global Asset Management Limited to provide financial
services to my child/ward.

I further understand that Capital Express Global Asset Management Limited will not be permitted to provide financial advisory, capital raising and investment management services to my child/ward unless I provide my permission by signing this form.

In my capacity as the parent/legal guardian of your client, I hereby understand, agree, authorize, and provide my consent, as the case may be:

- To allow Capital Express Global Asset Management Limited to open an account for my child/ward; and
- 2. That Capital Express Global Asset Management Limited and I will comply with all of banking, investment and financial services rules and procedures; and
- 3. To receive newsletters, e-mails, and public enlightenment materials; and
- 4. Rectification of clients' data; and
- 5. Research and statistical purpose; and
- 6. Profiling client data on Capital Express Global Asset Management Limited

website and portals; and

7. Retention and disclosure any of the client personal information to the Capital Express Global Asset Management Limited affiliates, its authorized third parties and service providers, and others as may be necessary to prevent unlawful activities or as required by law; and

I, the undersigned, certify that I am the parent or legal guardian of the child/legal ward (named above) and that I have the right to make decisions for my child/legal ward that effect his/her well- being.

I CERTIFY THAT I AM 18 YEARS OF AGE OR OLDER AND THAT I HAVE READ, FULLY UNDERSTAND AND AGREE TO THE TERMS OF THIS AGREEMENT, AND I SIGN IT VOLUNTARILY WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.

Name of Parent/Legal Guardian	
Signature of Parent/Legal Guardian	
Date (DD/MM/YYYY)	
Office use only:	
Endorsed by	
Data Protection Officer:	
Name:	
Signature:	
Date:	