

# FXDDライブ口座開設方法

## (図解入り)

FXDDライブ口座の開設方法を分かりやすく解説いたします。

まず、ライブ口座申し込みページを下記のところから開きます。

[FXDDライブ口座お申し込みページはこちら](#)

すると以下のようなページが開かれますので

図の記入例(赤い文字)のように記入をし、「次へ」をクリックしてください。



Live Account Registration Form / ライブ口座開設申し込み

Dear customer, you are about to apply for a live trading account with FXDD. Please, ensure that you have your Social Security Number handy as well as your bank details. Estimated time needed for completing the application is 15 minutes or less.  
口座開設には15分程お時間がかかります。免許書、パスポートおよび銀行口座情報の記入が必要ですのでご用意をお願いいたします。

\* Required Field / \* = 入力必須項目

名*	Taro
姓*	Suzuki
国名*	Japan
都道府県名*	Tokyo
電話番号*	03-0000-xxxx
Eメール*	00000@xxxxx.ne.jp
ログインID*	12345678

追加案内が不要のお客様は、以下のボックスをチェックして下さい

**記入例**

**記入が出来たら「申し込み」をクリック**

申し込み

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT  
FXDD新規口座開設についての重要なお知らせ

そうしますと以下のようなページに移りますので、

図のようにご利用になりたい口座を選択して「次へ」をクリックします。

Step 1 of 4

SECURE

**口座の種類**      **個人情報**      **投資経験**      **その他の情報**

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**JOINT ACCOUNT DESIGNATION** \* Required Field / \* = 入力必須項目

Is the account a Joint Account?

Is the Joint Account with a

Preferred Trading Platform  
メタトレーダー\*

使用するプラットフォームを選択  
選択したら「次へ」をクリック

続いて以下のような個人情報の入力ページに移ります。

図のような記入例に従って記入を行い、終わりましたら「次へ」をクリックします。

Step 2 of 4

SECURE

**口座の種類**      **個人情報**      **投資経験**      **その他の情報**

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**ACCOUNT INFORMATION / 口座登録内容** \* Required Field / \* = 入力必須項目

First Name 名* <input type="text" value="Taro"/> <span style="color: red;">記載済み</span>	Email Address Eメールアドレス* <input type="text" value="*****@*****.ne.jp"/> <span style="color: red;">記載済み</span>
Middle Name <input type="text" value=""/>	Gender 性別* <span style="color: red;">選択</span> <input type="radio"/> 男性 <input type="radio"/> 女性
Last Name 姓* <input type="text" value="Suzuki"/> <span style="color: red;">記載済み</span>	Marital Status 未婚、既婚* <span style="color: red;">選択</span> <input type="radio"/> 既婚 <input type="radio"/> 未婚
Date of Birth 誕生日* <input type="text" value="Month..."/> <input type="text" value="Day..."/> <input type="text" value="Year..."/> <span style="color: red;">(月・日・西暦を選択)</span>	Number of Dependents 扶養家族の人数* <input type="text" value="リストからお選び下さい"/> <span style="color: red;">扶養家族人数を選択</span>
Home Address (No P.O. Box) 住所* <input type="text" value="123-456, Surumedai"/>	Citizenship 国籍* <input type="text" value="United States"/> <span style="color: red;">Japanを選択</span>
City 市町村名* <input type="text" value="Chiyoda"/>	Social Security Number* <input type="text" value=""/>
State/Province 都道府県名 <input type="text" value="Tokyo"/> <span style="color: red;">記載済み</span>	Applicant's Education 学歴* <span style="color: red;">選択</span> <input type="text" value="リストからお選び下さい"/>
Postal Code 郵便番号* <input type="text" value="000-XXXX"/>	Home Telephone 電話番号* <input type="text" value="03-0000-XXXX"/> <span style="color: red;">記載済み</span>
Country 国名* <input type="text" value="Japan"/> <span style="color: red;">記載済み</span>	Mobile/Pager 携帯番号 <input type="text" value="特に記入の必要なし"/>

全て記入が完了しましたら「次へ」をクリックします

続いて職業や投資経験などの記入ページです。

ページの上部が職業欄になっており、以下の図のような欄が表示されます。

The screenshot shows the 'APPLICANT'S EMPLOYMENT INFORMATION' section of the registration form. At the top, there are four tabs: '口座の種類' (Account Type), '個人情報' (Personal Information), '投資経験' (Investment Experience), and 'その他の情報' (Other Information). The '投資経験' tab is selected. The form is labeled 'Step 3 of 4' and has a 'SECURE' icon. A red warning message reads '職業欄(勤務先などを記入)'. The form fields are as follows:

Field Name	Field Type
Employment Situation*	Dropdown menu (List from below)
Employer's Name	Text input
Employer's Address	Text input
City	Text input
State/Province	Text input
Postal Code	Text input
Country	Dropdown menu (Japan)
Type of Business	Text input
Years there	Dropdown menu (List from below)
Position held	Text input
Business Telephone	Text input
Business Fax (if any)	Text input
Business Email	Text input

職業を選択し、お勤めの場合は「会社名」「勤務先住所」「業種」「勤続年数」「役職」「勤務先電話番号」「勤務先 F A X 番号」「勤務先 e-mail アドレス」を記入いたします。

続いてページ中間部では年収、資産、投資経験などを図の解説(赤い文字)に従って選択してください。

Country  
国 Japan

**FINANCIAL INFORMATION** \* Required Field / \* = 入力必須項目 **資産や投資経験の記入欄**

FXDD recommends that customers should use only their own available Risk Capital for trading foreign exchange. Risk Capital means funds, which if lost, would not change your lifestyle or your family's lifestyle. This information is necessary to assist FXDirectDealer in assessing your suitability for trading foreign currencies. Completing the information will not have the effect of limiting your potential losses to the amount indicated.

If opening a Joint Account with a spouse, enter your combined financial amounts below.

Estimated Annual Income (in USD)\* リストからお選び下さい  
**年収を選択(ドル)** Net Worth (in USD)\* **純資産を選択(ドル)** リストからお選び下さい

Liquid Net Worth (in USD)\* リストからお選び下さい  
**流動資産を選択(ドル)**

Have you ever declared Bankruptcy?  Yes はい  No いいえ

If "Yes" please provide the details and date of the bankruptcy. If the bankruptcy is less than seven years, please submit relevant documents.

**TRADING EXPERIENCE** \* Required Field / \* = 入力必須項目

Stocks/Equities and Stock Options\* リストからお選び下さい  
**株式などの取引年数** Commodities and Futures and Futures Options\* リストからお選び下さい  
**先物などの取引年数**

Foreign Exchange\* リストからお選び下さい  
**為替取引年数** Bonds\* リストからお選び下さい  
**債権などの取引年数**

If you have previous trading experience, please provide the following information

Financial Institution  
**主に取引している金融機関名(証券会社など)**

**BANK REFERENCE INFORMATION** \* Required Field / \* = 入力必須項目

ページ最後は取引されている銀行・口座を記入します。  
図の解説(赤い文字)に従って記入を行ってください。  
全て記入が終わりましたら「次へ」をクリックします。

If you have previous trading experience, please provide the following information

Financial Institution

**BANK REFERENCE INFORMATION** \* Required Field / \* = 入力必須項目 **取引されている銀行・口座番号など**

Name of Bank*	<input type="text" value="銀行名"/>	Account Name*	<input type="text" value="口座名義人名"/>
Bank Address*	<input type="text" value="銀行所在地 (番地、その他の住所)"/>	Account Number*	<input type="text" value="口座番号"/>
City*	<input type="text" value="市町村"/>	ABA/Swift #*	<input type="text" value="スィフトコード"/>
State/Province	<input type="text" value="都道府県"/>		(※海外送金時に使うコード記号です。コードが分からない場合はお取引先の銀行に電話で問い合わせると教えてくれます)
Zip/Postal Code*	<input type="text" value="郵便番号"/>		
Country*	<input type="text" value="Japan"/>		

**記入が終わりましたら「次へ」をクリック**

戻る

次へ

続いて口座使用の確認ページになりますが  
共同口座でご使用にならない（個人）でお取引される場合は  
図のように、最上部の「いいえ」にチェックを入れて、  
最下部の「同意します」にチェックを入れ「次へ」をクリックします。



Live Account Registration Form / ライブ口座開設申し込み

Step 4 of 4

☰ SECURE

**口座の種類**      **個人情報**      **投資経験**      **その他の情報**

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**ADDITIONAL ACCOUNT INFORMATION** \* Required Field / \* =入力必須項目

**LIMITED POWER OF ATTORNEY QUALIFICATION**      **個人的に取引をされるのであれば「いいえ」にチェック**

Will any person or entity other than the applicants of this account have control over or manage the trading account?       はい       いいえ

**DECLARATION OF ADDITIONAL PERSON(S) OR ENTITIES WITH A FINANCIAL INTEREST IN THE ACCOUNT**

Will any person or entity other than the account holder and joint account holder have a Financial Interest or guarantee the account?       はい       いいえ

If "Yes" please list the name(s) and relationship below

Name	<input type="text"/>	Relationship	<input type="text"/>
Name	<input type="text"/>	Relationship	<input type="text"/>

**DECLARATION OF PAST OR PRESENT LITIGATION OR FORMAL COMPLAINTS**

Has there been, or is there currently pending litigation between you (and/or your spouse if applying for a Joint Account with a spouse) and ANY commodity broker, exchange, state or federal agencies or currency or security representative?       はい       いいえ

If "YES" please explain the details and list the dates of all litigations

**DECLARATION OF PRESENT OR PAST EMPLOYMENT IN THE BROKERAGE OR SECURITIES INDUSTRY(S)**

Are you or have you (and/or your spouse if applying for a Joint Account with a spouse) ever been employed by a brokerage or securities firm?       はい       いいえ

If "YES" please list the firm(s) and the position(s) held

**INDUSTRY MEMBERSHIP — ADDITIONAL INFO**

Have you left a debit balance at another firm? (You still owe money to that firm)       はい       いいえ

If "YES" please list which firm and how much money you owe

**CUSTOMER ACCOUNT APPLICATION ACCEPTANCE**

By clicking "I AGREE" below you acknowledge that you have read and filled out this Customer Account application and that you certify, represent and warranty that the information provided is correct and complete.

I AGREE 同意します       CANCEL キャンセル

**「同意します」にチェックを入れて「次へ」をクリック**

    

以上で口座申請の9割は終わりました。  
続いて図のようなページが開かれます。

# Welcome to our FXDD Electronic Signing Room

English 中文简体 Español Tiếng Việt Deutsch 日本語 Portugese Русский Français Türkçe عربي

## English

Welcome to our Electronic Signing Room

Simply click the link below to complete and sign the following document(s) by utilizing our secure E-Sign Technology ( [Consumer Disclosure](#) ).

Please submit two (2) forms of identification, including one (1) photo ID (i.e. passport or any other government-issued document evidencing nationality or residence and bearing a photograph), AND one (1) proof of address as represented on this application (i.e. utility bill, drivers license, bank statement, etc.).

Please fax all ID forms to 1.212.937.3845 or e-mail to [applications@fxdd.com](mailto:applications@fxdd.com)

*Required of all authorized signers on this account.*

You are almost done! Simply click the link below to complete and sign the following document(s) by utilizing our secure E-Sign Technology.( [Consumer Disclosure](#) ). Complete and Electronically Sign the following forms:

- [W-9BEN \(Click here to review and sign\)](#)
- [Customer Agreement \(Click here to review and sign\)](#)



こちらでオンライン署名を行って  
ライブ口座の申請は終わりになります

If you have any questions pertaining to these forms being required, please contact the New Accounts Dept. at 1.212.791.3933 or 1.866.FOR.FXDD

中文简体 (Chinese Simplified)

中文繁体 (Chinese Traditional)

まず、上図の円で示している 2 項目の内の「Customer Agreement」をクリックしてください。

開かれたページの最下部にサインを書き込む欄（下図）があります。

図の解説（赤い文字）に従って作業をしてください。

### Sign This Document

**Please complete the information below**

Name To Sign:

Email Address:

I acknowledge that I am applying a legally binding electronic signature in my name to this document, and I have read and agree to the [Terms of Service](#) and [Consumer Disclosure](#).

上記の記入例のように  
「お名前」「e-mailアドレス」を記入し  
四角にチェックを入れて  
「Sign Electronically」をクリック

Accepted and agreed by FXDD:

OFFICERS SIGNATURE \_\_\_\_\_

PRINT OFFICERS NAME AND TITLE \_\_\_\_\_

DATE \_\_\_\_\_

SEE ¶ 32 OF CUSTOMER  
AGREEMENT

そして最後になります「W-8BEN」をクリックしてください。

開かれたページの上部「PART 」の1～4を図の解説（赤い文字）のように記入します。

Form <b>W-8BEN</b> (Rev. February 2006) Department of the Treasury Internal Revenue Service	<b>Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding</b> • Section references are to the Internal Revenue Code. • See separate instructions. • Give this form to the withholding agent or payer. Do not send to the IRS.	OMB No. 1545-1621
Do not use this form for: • A U.S. citizen or other U.S. person, including a resident alien individual • A person claiming that income is effectively connected with the conduct of a trade or business in the United States • A foreign partnership, a foreign simple trust, or a foreign grantor trust (see instructions for exceptions) • A foreign government, international organization, foreign central bank of issue, foreign tax-exempt organization, foreign private foundation, or government of a U.S. possession that received effectively connected income or that is claiming the applicability of section(s) 115(2), 501(c), 892, 895, or 1443(b) (see instructions)		Instead, use Form: W-9 W-8ECI W-8ECI or W-8IMY W-8ECI or W-8EXP W-8IMY
<b>Note:</b> These entities should use Form W-8BEN if they are claiming treaty benefits or are providing the form only to claim they are a foreign person exempt from backup withholding. • A person acting as an intermediary		
<b>Note:</b> See instructions for additional exceptions.		
<b>PART I Identification of Beneficial Owner (See instructions.)</b>		
1 Name of individual or organization that is the beneficial owner Toro Suzuki	2 Country of incorporation or organization Japan	
3 Type of beneficial owner: <input checked="" type="radio"/> Individual <input type="radio"/> Corporation <input type="radio"/> Disregarded entity <input type="radio"/> Partnership <input type="radio"/> Simple trust <input type="radio"/> Grantor trust <input type="radio"/> Complex trust <input type="radio"/> Estate <input type="radio"/> Government <input type="radio"/> International organization <input type="radio"/> Central bank of issue <input type="radio"/> Tax-exempt organization <input type="radio"/> Private foundation		
4 Permanent residence address (street, apt. or suite no., or rural route). Do not use a P.O. box or in-care-of address. 123-456, Surumedai		
City or town, state or province. Include postal code where appropriate. Chiyoda-ku, Tokyo, 000-xxxx		Country (do not abbreviate) Japan
5 Mailing address (if different from above) [Redacted]		
City or town, state or province. Include postal code [Redacted]		Country (do not abbreviate) [Redacted]
6 U.S. taxpayer identification number, if required (see instructions) [Redacted] <input type="radio"/> SSN or TIN <input type="radio"/> EIN	7 Foreign tax identifying number, if any (optional) [Redacted]	

PART I の1～4の項目を全て記入し終わりましたらこのページの一番最後(スクロールダウンをして)の署名欄に行きます

そしてページ最下部の署名欄を図の解説（赤い文字）に従って作業を行ってください。

**PART IV Certification**

Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I further certify under penalties of perjury that:  
1 I am the beneficial owner (or am authorized to sign for the beneficial owner) of all the income to which this form relates.  
2 The beneficial owner is not a U.S. person.  
3 The income to which this form relates is (a) not effectively connected with the conduct of a trade or business in the United States, (b) effectively connected but is not subject to tax under an income tax treaty, or (c) the partner's share of a partnership's effectively connected income, and  
4 For broker transactions or barter exchanges, the beneficial owner is an exempt foreign person as defined in the instructions.  
Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the income of which I am the beneficial owner or any withholding agent that can disburse or make payments of the income of which I am the beneficial owner.

For Paperwork Reduction Act Notice, see separate instructions. Cat. No. 25047Z Form W-8BEN (Rev. 2-2006)

Save Form and Sign Later

**Sign This Document** **Sertifi TRUST SERVICES**

Please complete the information below

Name To Sign: Taro Suzuki

Email Address: 00000@xxxxx.ne.jp

I acknowledge that I am applying a legally binding electronic signature in my name to this document, and I have read and agree to the [Terms of Service](#) and [Consumer Disclosure](#).

Sign Electronically

上記の記入例のように「お名前」「e-mailアドレス」を記入し四角にチェックをいれて「Sign Electronically」をクリックします

最後になりますが、

運転免許証

パスポート

住民基本台帳カード

クレジットカード

健康保険証

住民票

公共料金の請求書（例えば、水道、電気、携帯電話、ガスなど）

などの身分証明書の2種類（そのうち一部は本人写真が確認できるもの）を、

デジカメなどで撮影（携帯カメラでも可能ですが鮮明に写す事）して

[jp@fxdd.com](mailto:jp@fxdd.com)

まで添付送信してください。

以上でライブ口座申請は終了となります。