CLIENT QUESTIONNAIRE (Natural Person)

For the purpose of providing good service, protection and promotion of your interests, it is important for you to provide us with the necessary information data regarding yourself. Please take all steps in order to complete this questionnaire fully and precisely.

1. CLIENT DATA					
A. Natural Person					
Name:	Surname:		Father's Name:		
Date and Place of Birth:		Nationality:			
ID/Passport No:	Country of Issue:		Passport's Expiry Date:		
Profession:		Employer's Name:			
Home Address:					
Work Address:					
Correspondence Address (If different):					
Home Tel:	Work Tel: Mobile:		Mobile:		
Email:	Fax:				
Preferred Communication Method: By Post By Fax By Email Hold mail					
In the case where the Services shall be provided to a second natural person jointly with the first natural person the following information should also be completed. All communication will be forwarded to the first natural person as provided above.					
Name:	Surname:		Father's Name:		
Date and Place of Birth:	Nationality:				
ID/Passport No:	Country of Issue:		Passport's Expiry Date:		
Profession:		Employer's Name:	e:		
Home Address:					
Work Address:					
Home Tel:	Work Tel:		Mobile:		
Email:		Fax:			
Please accept orders from: Either of us All of us Other (Please specify):					
2. DATA OF CLIENT'S AUTHORISED REPRESENTATIVE(S) / ATTORNEY(S) / GUARDIAN(S) (If Applicable)					
1. Name:	Surname:		Father's Name:		
Date and Place of Birth:		Nationality:			
ID/Passport No:	Country of Issue:	·	Passport's Expiry Date:		
Profession:		Employer's Name:	1 1 7		
Home Address:					
Work Address:					
Home Tel:	Work Tel:		Mobile:		
Email:		Fax:			
Relationship of Authorized Representative/Attorney/Guardian with Client:					

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Appendix A

P P					
2. Name:	Surname:		Father's Name:		
Date and Place of Birth:		Nationality:			
ID/Passport No:	Country of Issue:		Passport's Expiry Date:		
Profession:		Employer's Name:			
Home Address:					
Work Address:					
Home Tel:	Work Tel:		Mobile:		
Email:	Fax:				
Relationship of Authorized Representative/Attorney/Guardian with Client:					
3. REQUESTED SERVICES					
Please mark with a ✓ the Investment Services and Financial Instruments you request to be provided by the Company:					
Reception and transmission of orders in relation to one or more Financial Instruments Foreign Exchange services where these are connected to the provision of investment services Safekeeping and administration of financial instruments for the account of clients, including custodianship and related services such as cash/collateral management Investment Advice*					
* For the provision of the service of Investment advice a separate agreement (provided as Appendix B) will need to be signed between the Company and the Client					
☐ Equities (Shares) ☐ Fixed Income (Bonds) ☐ Units in Collective Investments ☐ Derivatives					

<u>Important Notes:</u> Where the Company provides, at the Client's initiative, Investment Services that only consist of the reception and transmission and/or execution of Client orders, with or without the provision of ancillary services, in relation to shares admitted to trading on a regulated market or in an equivalent third country market, money market instruments, bonds or other forms of securitized debt, UCITS and other non-complex Financial Instruments, the Company may provide those Investment Services to the Client without assessing the appropriateness of the Financial Instrument or service provided to the Client and therefore the client does not benefit from the corresponding protection of the relevant conduct of business rules.

Where the Company provides to the Client Investment Services other than Investment Advice and the Client does not provide the information regarding his knowledge and experience or where he provides insufficient information, the Company will not be able to determine whether the Service or Financial Instrument envisaged is appropriate for the client.

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4. KNOWLEDGE AND EXPERIENCE (The first three questions of this section (1, 2 and 3) contain multiple answers)

- 1. What type of investment services have you already used?
 - a. Reception and transmission and/or execution of orders
 - b. Investment advice
 - c. Portfolio management
 - d. None
- 2. In what type of financial instruments have you invested in the past three years?
 - a. Equities (Shares)
 - b. Fixed Income (Bonds)
 - c. Forex
 - d. CFD's (Contracts For Differences)
 - e. Other Derivative Products
 - f. None
- 3. In which markets have you already invested?
 - a. Local Market
 - b. Developed Markets (i.e. US, Europe)
 - c. Emerging Markets
 - d. None
- 4. What is the current value of your portfolio?
 - a. Less than €50,000
 - b. Between €50,000 and €100,000
 - c. Between €100,000 and €500,000
 - d. More than €500,000

- 5. What was the volume of your transactions during the past three years?
 - a. Less than €50,000
 - b. Between €50,000 and €100,000
 - c. Between €100,000 and €500,000
 - d. More than €500,000
- 6. What is the frequency of your financial transactions?
 - a. None
 - b. Rarely (1 2 times a year)
 - c. Occasionally (1 2 times a month)
 - d. Frequently (at least weekly)
- 7. How would you evaluate your investment knowledge and experience?
 - a. Nonexistent
 - b. Limited
 - c. Good
 - d. Excellent
- 8. What is your education level?
 - a. Secondary education
 - b. College
 - c. University
 - d. Postgraduate level

5. FINANCIAL PROFILE

- 1. What is your total annual income?
 - a. Less than €50,000
 - b. Between €50,000 and €100,000
 - c. Between €100,000 and €200,000
 - d. More than €200,000
- 2. What is the source of your income?
 - a. Salary / Pension
 - b. Dividends / Interest / Coupons
 - c. Rents
 - d. Donation / Inheritance
 - e. Other source of income
- 3. What percentage of your annual income relates to financial obligations?
 - a. Less than 25%
 - b. Between 25% and 50%
 - c. Between 50% and 75%
 - d. More than 75%

- 4. What is the estimated value of your Assets?
 - a. Less than €100,000
 - b. Between €100,000 and €500,000
 - c. Between €500,000 and €1,000,000
 - d. More than €1,000,000
- 5. What is the structure of your Assets?
 - a. Mainly in Bank deposits
 - b. Mainly in Real estate
 - c. Mainly in Financial Instruments
 - d. Allocated equally in all three of the above options
 - e. Other (Please specify)
- 6. What is your estimated Net Worth (Total Assets Total Liabilities)?
 - a. Less than €100,000
 - b. Between €100,000 and €500,000
 - c. Between €500,000 and €1,000,000
 - d. More than €1,000,000

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6. INVESTMENT PROFILE / OBJECTIVES

- 1. What is the time horizon of your investment objectives?
 - a. Up to 1 year
 - b. Between 1 and 3 years
 - c. Between 3 and 5 years
 - d. More than 5 years
- 2. Which statement is most relevant to your investment style?
 - a. Capital preservation
 - b. Income growth
 - c. Speculation
 - d. Hedging

- 3. Based on your expectations what is the annual fluctuation of your portfolio's value that you are willing to accept?
 - a. $\pm 5\%$
 - b. $\pm 10\%$
 - c. $\pm 25\%$
 - d. $\pm 50\%$
- 4. What is the portfolio liquidity level that you are willing to accept?
 - a. Less than 25%
 - b. Between 25% and 50%
 - c. Between 50% and 75%
 - d. More than 75%

7. ATTACHMENTS

Please attach where applicable, the following documents:

- a) True copy of the Identity Card / Passport (for Cypriot citizens) or Passport (for non-Cypriot citizens).
- b) True copy of a utility bill or other document to the satisfaction of the Company confirming the permanent address.
- c) Original Power of Attorney duly certified for the representation of the Client by the Company (if applicable).
- d) Original Power of Attorney duly certified for the representation of the Client by a third person (if applicable).
- e) True copy of the Identity Card or Passport of Authorized Representative / Attorney / Guardian(s) (if applicable).

Non Cypriot Clients: Documentation must be certified by an external professional (i.e. lawyer, banker or accountant).

Provided that the documentation submitted is not satisfactory, the Company may require additional documents where this shall be deemed necessary or becomes necessary pursuant to legislation / regulations / directives.

8. CLIENT'S DECLARATION

I/We confirm that I/we have read carefully the content of this questionnaire and that I/we have provided all the required information which concerns me/us and I/we hereby declare and confirm that this is true and correct and that I/we have not withheld any relevant or substantial information. Further, I/we undertake to inform immediately the Company in writing of any change of this information.

I/We confirm that I/we have delivered all that is required in accordance with Section 7 above and that these are genuine and authentic and their content is true and correct.

authentic and their content is true and correct.	
Full name:	ID/Passport No:
Signature:	Date:

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