CLIENT QUESTIONNAIRE (LEGAL)

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					
Legal Person					
Name:	Reg. Number:		Type/Form:		
Tel:	Fax:		Email:		
Registered Office:					
Correspondence Address (If different):					
Nature of Business:		Source of Income:			
Name of Beneficial Owner(s):					
Preferred Communication Method: By H	Post 🗌 By Fa	ax 🗌 🛛 By Ema	il 🗌 Hold mail 🗌		
Details of Representatives of Legal Perso	n(s):				
1. Name:	Surname:		Father's Name:		
Date and Place of Birth:	Date and Place of Birth: Nationality:				
ID/Passport No:	ID/Passport No: Country of Issue:		Passport's Expiry Date:		
Profession:		Employer's Name:			
Home Address:					
Work Address:					
Home Tel:	Fel: Work Tel:		Mobile:		
Email: Fax:					
Relationship of Representative with Client: Director Member of Mgt Committee					
Other (Please specify)					

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:		Mobile:	
Email:		Fax:		
Relationship of Representative with Client: Director Member of Mgt Committee				
Other (Please specify)				

Appendix A

2. DATA OF CLIENT'S AUTHORISED REPRESENTATIVE(S)/ATTORNEY(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:	
Home Address:			
Work Address:			
Home Tel: Work Tel:			Mobile:
Email:		Fax:	
Relationship of Authorized Representative/Attorney with Client:			

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 with Client:			

3. REQUESTED SERVICES

Please mark with a ✓	the Investment Services a	and Financial Instruments	you request to be	provided by	y the Company:

	Reception and	transmission	of orders	in relation to	o one or more Financi	al Instruments
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- 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

Important Notes: 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.

Appendix A

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

- 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 \in 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 $\in 50,000$
 - 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 4. What is the estimated value of your Assets? What is your regular net annual income? 1. a. Less than €500,000 a. Less than €200,000 b. Between €500,000 and €1,000,000 Between €200,000 and €500,000 b. Between €1,000,000 and €5,000,000 c. Between €500.000 and €1.000.000 C. d More than €5.000,000 d. More than €1,000,000 5. What is the structure of your Assets? What is the source of your income? 2. a. Mainly in Bank deposits Provision of services a. b. Mainly in Real estate Dividends / Interest / Coupons b. c. Mainly in Financial Instruments Rents c. Allocated equally in all three of the above options d. d. Manufacturing Other (Please specify) e. Other source of income e. What is your estimated Net Worth (Total Assets - Total 6. What is the estimated annual turnover on the account with 3. Liabilities)? Consulco Capital Ltd? Less than €500,000 a a. Less than €100,000 Between €500.000 and €1.000.000 b. b. Between €100,000 and €500,000 Between €1,000,000 and €5,000,000 c. c. Between €500,000 and €1,000,000 d. More than €5,000,000 d. More than €1,000,000

Appendix A

6. INVESTMENT PROFILE / OBJECTIVES	
 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 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. ± 5% b. ± 10% c. ± 25% d. ± 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) Certified copy of the Memorandum and Articles of Association.
- b) Certified copy of the Certificate of Incorporation / Registration.
- c) Original Certificate of Directors with a date of issue not older than 30 days from the date of signing the Agreement.
- d) Certified copy of the Certificate of Shareholders (in the case of private company) / Partners / Members.
- e) Certified copy of a resolution of the board of directors or other appropriate board or body for the representation of the Client (by director/s) and for the authorization of the representative/s to sign the Agreement and the relevant documents.
- f) Certified copy of a resolution of the board of directors for the representation of the Client by a third person (if applicable) accompanied by a certified power of attorney and/or resolution of the board of directors certified as Power of Attorney.
- g) True copy of the Identity Card or Passport of representative/s (director/s).
- h) True copy of the Identity Card or Passport of the Authorized Representative / Attorney (if applicable).
- i) Original Power of Attorney duly certified for the representation of the Client by the Company (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.

Full name:	ID/Passport No:
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Signature: _____

Date: _____