



Z E R I C H
Securities Limited

Appendix № 3
to the General Rules and Regulations
on Services on the Securities Market

Application Form

Client Investment profile Questionnaire

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WARNING: Unless this questionnaire is fully completed, we will not be able to assess the appropriateness of any envisaged services or transactions

Name of the Customer					
Trading Name					
CONTACT DETAILS	Head office address				
	Telephone number(s)				
	Fax number				
	Email address				
	Website				
REGISTRATION DETAILS	Country of incorporation				
	Date of incorporation				
	Registering authority				
	Registration number				
	Registered address				
	LEI code				
PASSPORT /IDENTIFICATION CARD DETAILS		Director	Director	Director	Director
	First name				
	Last name				
	Middle/initial				
	Gender				
	Number				
	Series				
	Date of issue				
	Date of expire				
	Issuing authority				
	Nationality				
	Place of birth				
	Date of birth				
Current full permanent address					
Profession					
Telephone number(s)					



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Fax number					
Email address					
PASSPORT /IDENTIFICATION CARD DETAILS		Shareholder/ Beneficial Owner	Shareholder/ Beneficial Owner	Shareholder/ Beneficial Owner	Shareholder/ Beneficial Owner
	First name				
	Last name				
	Middle/initial				
	Gender				
	Number				
	Series				
	Date of issue				
	Date of expire				
	Issuing authority				
	Nationality				
	Place of birth				
	Date of birth				
	Respective share				
Current full permanent address					
Profession					
Telephone Number(s)					
Fax number					
Email address					
PASSPORT /IDENTIFICATION CARD DETAILS		Authorised representative or signatory	Authorised representative or signatory	Authorised representative or signatory	Authorised representative or signatory
	First name				
	Last name				
	Middle/initial				
	Gender				
	Number				
	Series				
	Date of issue				
	Date of expire				
	Issuing authority				
	Nationality				



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	Place of birth				
	Date of birth				
Term of Authority					
Current full permanent address					
Profession					
Telephone Number(s)					
Fax number					
Email address					
Customer's Activities	<input type="checkbox"/> National or regional government <input type="checkbox"/> Pension Fund or its managing company <input type="checkbox"/> Public body managing public debt <input type="checkbox"/> Listed company <input type="checkbox"/> International institution such as World Bank, IMF etc. <input type="checkbox"/> Private enterprise <input type="checkbox"/> Credit institution <input type="checkbox"/> Trust <input type="checkbox"/> Investment Firm <input type="checkbox"/> Fund <input type="checkbox"/> Regulated or authorised financial institution (please specify) _____ <input type="checkbox"/> Insurance company <input type="checkbox"/> Undertakings for Collective investment scheme or its managing company <input type="checkbox"/> Other (please specify) _____				
CUSTOMER EXPERIENCE WITH FINANCIAL INSTRUMENTS	<input type="checkbox"/> Extensive (> 5Y) <input type="checkbox"/> Moderate (2Y-5Y) <input type="checkbox"/> Little (<2Y) <input type="checkbox"/> No experience				
	Nature of financial instruments			Average value of transactions over the previous year (Euro)	Average frequency of transactions per quarter over the previous year
	<input type="checkbox"/>	Transferable securities			
	<input type="checkbox"/>	Corporate bonds			
	<input type="checkbox"/>	Government or municipal bonds			
	<input type="checkbox"/>	Promissory notes			
	<input type="checkbox"/>	Units in collective investment undertakings (UCTIS)			
<input type="checkbox"/>	Options, futures, swaps, FRAs relating to securities				



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	<input type="checkbox"/>	Options, futures, swaps, FRAs relating to commodities that must be settled in cash		
	<input type="checkbox"/>	Options, futures, swaps, FRAs relating to commodities that can be physically settled and also they are traded		
	<input type="checkbox"/>	Derivative instruments		
	<input type="checkbox"/>	Contracts for differences/Forex		
	<input type="checkbox"/>	Options, futures, swaps, FRAs relating to climatic variable, inflation rates etc		
	<input type="checkbox"/>	Repos		
	<input type="checkbox"/>	Other instrument:		
	<input type="checkbox"/>	Other instrument:		
	<input type="checkbox"/>	Other instrument:		
INVESTMENT GOALS	Nature of transactions / Financial instruments	<input type="checkbox"/> Transferable securities futures, swaps, FRAs relating to that can be physically settled are traded <input type="checkbox"/> Corporate bonds instruments <input type="checkbox"/> Government or municipal bonds differences/Forex <input type="checkbox"/> Promissory notes futures, swaps, FRAs relating to variable, inflation rates etc <input type="checkbox"/> UCTIS <input type="checkbox"/> Options, futures, swaps, FRAs relating to securities <input type="checkbox"/> Options, futures, swaps, FRAs relating to commodities that must be settled in cash	<input type="checkbox"/> Options, commodities and also they <input type="checkbox"/> Derivative <input type="checkbox"/> Contracts for <input type="checkbox"/> Options, climatic <input type="checkbox"/> Repos <input type="checkbox"/> Other instrument <input type="checkbox"/> Other instrument	
		Duration of investment	<input type="checkbox"/> Day trading <input type="checkbox"/> 1 – 3 yea	<input type="checkbox"/> 6 - 12 months



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		<input type="checkbox"/> 3 – 5 years <input type="checkbox"/> > 10 years		<input type="checkbox"/> 5 – 10 years	
	Expected frequency of transactions per year	<input type="checkbox"/> 1-5 <input type="checkbox"/> 100+	<input type="checkbox"/> 5-10	<input type="checkbox"/> 10-50	<input type="checkbox"/> 50-99
	Level of investment risk	<input type="checkbox"/> High <input type="checkbox"/> Low		<input type="checkbox"/> Medium	
	Investment objectives¹	<input type="checkbox"/> Capital Protection <input type="checkbox"/> Speculation <input type="checkbox"/> Income Generation Other (please specify)		<input type="checkbox"/> Capital Growth <input type="checkbox"/> Income Generation + <input type="checkbox"/> Capital Growth	
	Funds available for investments	EURO			
CHOOSE BASE CURRENCY		<input type="checkbox"/> USD <input type="checkbox"/> EUR <input type="checkbox"/> GBP <input type="checkbox"/> YPY <input type="checkbox"/> CHF			
CHOOSE LEVERAGE (If Applicable)		<input type="checkbox"/> 1:5 <input type="checkbox"/> 1:10 <input type="checkbox"/> 1:20 <input type="checkbox"/> 1:25 <input type="checkbox"/> 1:50 <input type="checkbox"/> 1:75 <input type="checkbox"/> 1:100 <input type="checkbox"/> 1:125 <input type="checkbox"/> 1:150 <input type="checkbox"/> 1:175 <input type="checkbox"/> 1:200 <input type="checkbox"/> 1:500			
ANTICIPATED YEARLY ACCOUNT TURNOVER		<input type="checkbox"/> ≤ 10,000 <input type="checkbox"/> ≤ 30,000 <input type="checkbox"/> ≤ 50,000 <input type="checkbox"/> ≤ 100,000 <input type="checkbox"/> ≤ 500,000 <input type="checkbox"/> ≤ 1,000,000 <input type="checkbox"/> ≥ 1,000,000			
Description of the Customer's business					
Authority regulating Customer's activities (Name/details of license)					
Source of funds					
Expected origin of incoming funds to be credited in the account					
Expected destination of outgoing transfers					
Annual turnover (euro)					
Gross profit					
Net profit					
Balance sheet total (euro)					
Own funds (euro)					



Persons on which behalf customer is acting (if applicable)
Purpose and reason for opening the account
Description of ownership structure of the customer (Group) (up to the ultimate beneficial owner)
Country of incorporation of the parent company, subsidiary companies and associate companies

Do any of the Directors/shareholders/beneficial owners/authorised signatories/representatives hold or held in the last 12 months any prominent public functions (i.e. head of State, head of government, minister or deputy or assistant minister; member of parliament; member of supreme courts, of constitutional courts or of other high-level judicial bodies; member of courts of auditors or of the boards of central bank; ambassador; high-ranking officer in the armed forces; member of the administrative, management or supervisory bodies of State-owned enterprises)

YES NO

Is any of the immediate family members or close associate of the above persons is such person? (the spouse or the person with which he/she cohabit for at least one year, their children and their spouses or the persons with which cohabit for at least one year, their parents, any natural person who is known to have joint beneficial ownership of legal entities or legal arrangements, or any other close business relations, with a PEP, any natural person who has sole beneficial ownership of a legal entity or legal arrangement which is known to have been set up for the benefit de facto of a PEP)

YES NO

Do the legal entity involved in the Electronic gambling /gaming activities through the internet?

YES NO

Do the legal entity offer services (e.g. payment provider, software house, card acquirer) to persons involved in Electronic gambling /gaming activities through the internet?

YES NO

Do the authorised representative work in the past 5 years in the financial services sector for more than 1 year?

PERSONAL DECLARATION



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	<p style="text-align: center;"><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES please indicate position and company name</p> <hr/> <p>Do the authorised representative have any certificate/license issue by any regulatory body or Ministry?</p> <p style="text-align: center;"><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES please provide detail information</p> <hr/> <p>Have any of the Directors/shareholders ever declared bankruptcy?</p> <p style="text-align: center;"><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>BANK ACCOUNT DETAILS</p>	<p>BANK NAME:</p> <p>BANK ADDRESS:</p> <p>ACCOUNT HOLDER NAME:</p> <p>JOIT ACCOUNT HOLDER NAME:</p> <p>ACCOUNT NUMBER:</p> <p>SWIFT CODE:</p> <p>IBAN:</p>
	<p>I _____,</p> <p style="text-align: center;"><i>Last, first, middle, name</i></p> <p>DULY AUTHORIZED BY AND ACTING ON BEHALF OF</p> <p>_____</p> <p style="text-align: center;"><i>Name of the Customer</i></p> <p>HEREBY CONFIRM THE ABOVE INFORMATION IS COMPLETE, TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF.</p> <p style="text-align: right;">_____ Date/ <input type="checkbox"/><input type="checkbox"/> <input type="checkbox"/><input type="checkbox"/> <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p style="text-align: center;"><i>Signature</i> <i>Date</i> <i>Month</i> <i>Year</i></p>

Notes 1:

- a) **Capital Protection:** Preserve capital while seeking growth at rate linked to a stockmarket Index. Recommended investment period is 3-5 years.
- b) **Capital Growth:** Maximize capital appreciation or the increase in value of a portfolio over the long term. Investments targeted for capital growth tend to have more risk than assets chosen for capital protection and income generation. Recommended investment period is over 5 years.
- c) **Income Generation:** Investment income earned from interest, dividends etc as opposed to that derived from increases in asset value. Risk is usually less than investments targeted for capital growth.
- d) **Income Generation + Capital Growth:** Combination of (b) and (c).



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- e) **Speculation:** This type of investments does not promise safety of the initial investment along with the return on the principal amount. Speculators usually select investments with higher risk in order to profit from an anticipated price movement. Speculation involves a significant risk of the loss of the principal investment.

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Date in:	Checked by:
Date processed:	Processed by:
Account Number:	
Approved By:	
Back office / Date (dd/mm/yyyy)	Compliance Officer / Date (dd/mm/yyyy)
_____ Signature	_____ Signature
_____ Date	_____ Date