

## **Questionnaire for an Individual**

Initial entry of information

Change of information

□ Information update

1. GENERAL INFORMATIO	<b>DN</b>				
Title (e.g. Mr, Mrs, Ms, etc)					
First name (given name)		Date of birth			
Middle name (patronymic)		Place of birth			
Last name (surname)		Citizenship			
Previous name (if applicable)		Date of name change			
Identity document		Series		Number	
Name of issuing authority				Issue date	
Level of Education	<ul> <li>in finance, econ</li> <li>Higher</li> <li>in computationa</li> <li>in law, taxation,</li> <li>other</li> <li>Incomplete higher</li> <li>Secondary education</li> <li>Specialized secondary</li> <li>Other (please specify)</li> </ul>				
Professional certificates (if any)					
Occupation (recent professional activity)	<ul> <li>Employed Industry</li> <li>Employed Industry</li> <li>Self-employed Industry</li> </ul>	Employer Employer Role	Role Role Tim	Time peri Time peri e period	

### 2. REGISTRATION DETAILS

Registration Address	Postcode	Country	
	Address		
Residency address	Postcode	Country	
matches with registration address	Address		
Postal Address	Postcode	Country	
<ul> <li>matches with</li> <li>registration address</li> <li>matches with</li> <li>residency address</li> </ul>	Address		

### 3. CONTACTS

Phone number		Mobile number (optional)	
Email address		Fax	
Emergency contact	Name	Phone number	

### 4. LEGAL REPRESENTATIVES

Title*	Name	Start of term**

\* Parent, guardian, trustee

\*\* For trustees and guardians

I hereby certify that the information provided in this Questionnaire is true to the best of my information, knowledge and belief.

Name of person signing

Date

Signature



### **Beneficial Owner's Declaration**

#### **1. GENERAL INFORMATION**

Туре	Series	Number	Issue date
	Туре		

\* To be provided if the Client is not a Beneficial Owner

### 2. SOURCE OF WEALTH\*\*

Salary and compensation	Family funds	Heritage	Own business	Investments
Royalties	Other			

\*\* The origin of funds directed by the Beneficial Owner for investments. The Client (Beneficial Owner) should be prepared to produce the respective documentary evidence, e.g. public or employer's open records of the position occupied, employers' references, salary slips, own firm's financial statements, tax accounts, etc. For family funds the respective documents (financial accounts, etc.) may be requested.

### 3. BENEFICIAL OWNER PERSONAL DECLARATIONS

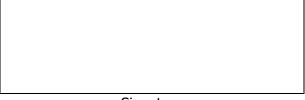
Question	YES	NO	If yes, please elaborate
Have you in 5 recent years held a public office or a senior position at a state controlled company? Please also indicate if you are or have been a family member or a close associate of such a person.			
Have you ever been convicted or are any charges or investigation procedures pending against you for offences or infringements involving fraud or moral demerit, including offences against the legitimate goods of ownership and property (e.g. theft, embezzlement, fraud), bribery and venality, breach of trust, forgery, issue of bad checks, tax evasion, either in Cyprus or abroad?			
Have you ever been convicted or are any charges or investigation procedures pending against you for offences or infringements concerning money laundering activities, either in Cyprus or abroad?			
Have you ever been convicted or are any charges or investigation procedures pending against you for offences or infringements concerning the undue exploitation of confidential/privileged information, either in Cyprus or abroad?			
Have you ever been convicted or are any charges or investigation procedures pending against you for offences or infringements concerning manipulation of the stock market price of a financial instrument, which was subject to trading on an organized market, either in Cyprus or abroad?			

Have you ever been convicted or are any charges pending against you for any other punishable act, which is not related to the exercise of your professional duties, either in Cyprus or abroad?		
Have you ever been involved in cases (including also pending cases), which were the object of an administrative or disciplinary control or the imposition of administrative or disciplinary sanctions by competent supervisory authorities, previous employers or professional bodies and associations, either in Cyprus or abroad, in terms of: i. Serious administrative or disciplinary infringements, or ii. Inadequate execution of the duties assigned to you, or iii. Infringements of the internal rules of operation of the firm or the code of ethics and professional conduct?		
Have your license for the exercise of a specific business activity or your membership status ever been revoked by competent supervisory authorities or professional bodies and associations (including also pending cases), either in Cyprus or abroad?		
Have you ever been involved in judicial proceedings (including also pending cases) concerning the payment of damages in relation to the provision of investment and ancillary services, either in Cyprus or abroad?		
Have any complaints or protests ever been, specifically and justifiably, filed in writing against you (including also pending cases) in relation to investment and ancillary services, for the provision of which you were responsible, either in Cyprus or abroad?		
Have you ever been declared bankrupt during the last ten years (including also pending cases) or have any of your assets been confiscated or have any of your bills of exchange or notes been subject to protest or were you obliged to transfer any of your assets to your creditors or have you failed to fulfill your obligations arising from a verdict against you within one year from the issue of such verdict, either in Cyprus or abroad?		
Have you ever obstructed the efficient exercise of supervision by a competent supervisory authority in the broader financial sector?		
State, whether your auditors have been replaced during the last five years (if applicable).		
Have, during the last ten years, any extraordinary audits been conducted on your financial and accounting records by a supervisory authority, either in Cyprus or abroad?		
Have you been, during the last ten years, subjected to an investigation inquiry by a supervisory authority, either in Cyprus or abroad?		
Do you or your immediate family members or close associates hold a position in any government body? If yes, please provide details.		

# I hereby certify that the information in this Declaration is true to the best of my information, knowledge and belief.

Name of person signing

Date



Signature