

Questionnaire for an Individual

Initial entry of information Change of information Information update

1. GENERAL INFORMATION

| | | | | | |
|---|---|---------------------|----------|-------------|-------------|
| 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 | <input type="checkbox"/> Higher <input type="checkbox"/> in finance, economics, management, accounting, or related field <input type="checkbox"/> in computational/technical sciences, engineering, or related field <input type="checkbox"/> in law, taxation, or related field <input type="checkbox"/> other <input type="checkbox"/> Incomplete higher <input type="checkbox"/> Secondary education <input type="checkbox"/> Specialized secondary <input type="checkbox"/> Other (please specify) | | | | |
| Professional certificates (if any) | | | | | |
| Occupation (recent professional activity) | <input type="checkbox"/> Employed | Industry | Employer | Role | Time period |
| | <input type="checkbox"/> Employed | Industry | Employer | Role | Time period |
| | <input type="checkbox"/> Self-employed | Industry | Role | Time period | |

2. REGISTRATION DETAILS

| | | | | |
|---|----------|--|---------|--|
| Registration Address | Postcode | | Country | |
| | Address | | | |
| Residency address <input type="checkbox"/> matches with registration address | Postcode | | Country | |
| | Address | | | |
| Postal Address <input type="checkbox"/> matches with registration address <input type="checkbox"/> matches with residency address | Postcode | | Country | |
| | Address | | | |

3. CONTACTS

Signature

| | | | |
|-------------------|------|--------------------------|--|
| 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

Signature



Beneficial Owner's Declaration

1. GENERAL INFORMATION

| | |
|--|--|
| Name (First, Last, Middle) | |
| Previous name (if applicable) | |
| Citizenship* | |
| Identity document* | Type Series Number Issue date |
| Residential address* | |
| Occupation (recent professional activity)* | |
| Current (last) employer (if applicable)* | |

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

2. SOURCE OF WEALTH**

| | | | | |
|--|---------------------------------------|-----------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Salary and compensation | <input type="checkbox"/> Family funds | <input type="checkbox"/> Heritage | <input type="checkbox"/> Own business | <input type="checkbox"/> Investments |
| <input type="checkbox"/> Royalties | <input type="checkbox"/> 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. | <input type="checkbox"/> | <input type="checkbox"/> | |
| 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? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 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? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 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? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 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? | <input type="checkbox"/> | <input type="checkbox"/> | |

Signature

| | | | |
|--|--------------------------|--------------------------|--|
| 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? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 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? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 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? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 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? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 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? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 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? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Have you ever obstructed the efficient exercise of supervision by a competent supervisory authority in the broader financial sector? | <input type="checkbox"/> | <input type="checkbox"/> | |
| State, whether your auditors have been replaced during the last five years (if applicable). | <input type="checkbox"/> | <input type="checkbox"/> | |
| 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? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Have you been, during the last ten years, subjected to an investigation inquiry by a supervisory authority, either in Cyprus or abroad? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Do you or your immediate family members or close associates hold a position in any government body? If yes, please provide details. | <input type="checkbox"/> | <input type="checkbox"/> | |

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

Signature