

Individual Customer Questionnaire

Contents

Introduction	2
Section A – Questionnaire	3
Section B – Documents required for Individuals	6

Introduction

Dear Customer,

As part of Dragon Capital (Cyprus) Limited Know Your Client (KYC) procedure, prior to your account being opened with us/ performing annual update, we kindly request this questionnaire to be completed.

- Section A: This questionnaire requires completion by all customers
- Section B: Documents required for individuals

Telephone/fax number			
Bank account details			
Please, indicate the purpose and reason for requesting the establishment of a business relationship			
Describe your principal business activity/ investment expectations			
Information regarding authorized persons			
Full name			
Authorizing document			
Mail address			
Telephone/fax number			
Investment knowledge and experience			
Do you have Financial sector/Investment activity experience in the past?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Please indicate educational background relating to financial markets/investments			
<input type="checkbox"/> No education <input type="checkbox"/> Specialized courses (provide details on covered topics) <input type="checkbox"/> Diploma in financial markets <input type="checkbox"/> Degree in financial markets			
Financial instruments traded			
Financial Instruments	Experience (years)	Vol. Monthly Transactions (EUR) /Quantity	Average Annual Volume (EUR) /Quantity
Nothing			
Stocks			
Bonds			
Collective investment units			
Futures - Indices			
Futures/CFDs - Stocks			
Currency CFDs			
Options			
Futures Commodities			
Financial instruments requested for trading			
<input type="checkbox"/> Stocks <input type="checkbox"/> Bonds <input type="checkbox"/> Collective investment units <input type="checkbox"/> Futures – Indices <input type="checkbox"/> Futures/CFDs – Stocks <input type="checkbox"/> Currency CFDs <input type="checkbox"/> Options <input type="checkbox"/> Futures Commodities			
Please indicate number of trades during past 12 months (frequency)			
<input type="checkbox"/> 0-3 per month (One off) <input type="checkbox"/> 3-10 per month (Occasional) <input type="checkbox"/> 10-50 per month (Regular) <input type="checkbox"/> more than 50 per month			

Please indicate number of future trades (frequency)	
<input type="checkbox"/> 0-3 per month (One off)	<input type="checkbox"/> 3-10 per month (Occasional)
<input type="checkbox"/> 10-50 per month	<input type="checkbox"/> more than 50 per month (Regular)
Please indicate size of financial instrument portfolio, including cash deposits and financial instruments, '000 EUR	
<input type="checkbox"/> 0-10	<input type="checkbox"/> 10<X<100
<input type="checkbox"/> 100<X<500	<input type="checkbox"/> 500<X
Please indicate trading style /strategies used	
<input type="checkbox"/> Never utilized any <input type="checkbox"/> Buy and hold <input type="checkbox"/> Speculative trading (plain vanilla instruments, derivatives –futures, CFDs) <input type="checkbox"/> Complex strategies involving derivatives (hedging, arbitrage, option positions)	
Investment objectives	
Anticipated annualized amount to be invested (EUR)	
Planned initial fundings to be placed to support your business activity (EUR)	
Please confirm that your are the actual owner of money/financial instruments to be placed on your account	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please indicate type of investmets	<input type="checkbox"/> Long Term <input type="checkbox"/> Short Term <input type="checkbox"/> Capital Gains
Risk Tolerance	
<input type="checkbox"/> Don't know <input type="checkbox"/> Minor volatility (up to 10%p.a. while stronger fluctuations are possible) <input type="checkbox"/> Medium volatility (greater than 10%p.a. while stronger fluctuations are possible) <input type="checkbox"/> Speculative investments which may result in complete loss of capital and or additional requirement of funds <input type="checkbox"/> Extreme high risk investments which may result in complete loss of capital and the requirement of additional funds	
Please indicate the financial services you intend to use	<input type="checkbox"/> Custody <input type="checkbox"/> Execution only <input type="checkbox"/> Execution and custody
Do you understand the nature and risk of margining trading?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you able financially to bear the risk of margining trading in line with your investment objectives?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Declarations	
<input type="checkbox"/> I do not want to receive any investment advice <input type="checkbox"/> I do not want to receive any advice beyond the legally prescribed minimum	

<input type="checkbox"/> I will give instructions concerning my investments via electronic mediums or telephone, and as such do not require to receive investment advice pursuant to a separate agreement <input type="checkbox"/> I am fully aware and understand the risks connected with financial services/products I intend to work with <input type="checkbox"/> I take a low risk investments, but in case I have a high risk expectations I will accept appropriate higher/high level of risk <input type="checkbox"/> I understand the nature of margin trading and I am fully aware of risks associated with it and confirm that I am able to bear financial consequences in line with my investment objectives <input type="checkbox"/> Unless I notify Dragon Capital (Cyprus) Limited in writing it is assumed that there are no restrictions on the type of transaction Dragon Capital (Cyprus) Limited recommends to me or enter into with Dragon Capital (Cyprus) Limited or the markets upon which transactions may be effected <input type="checkbox"/> I give my express consent to Dragon Capital (Cyprus) Limited to use my personal data (name, contact details, etc) for its own purposes including but not limited to keeping, processing and transferring to third parties as required by current legislation in connection with information and marketing communication relating to products, services and events. <i>For more information please review our Privacy Policy (http://www.dcc.com.cy/mifid.html).</i>			
Signature:		Date:	
Print Name:		Position/Title:	

Section B – Documents required for Individuals

Individuals	
Document	Additional Info
Passport and/or identity card, showing date and place of issue, date of birth, passport number, signature, etc	Certified true copy
Utility bill verifying residential address (not older than 6 months)	Certified true copy
Bank account details (certificate)	Copy
A bank reference letter (if applicable)	Copy
Source of wealth confirmation if applicable (custody account balance/bank deposits/salary certificate)	Copy
Personal CV	Copy
Power of attorney (if applicable)	Certified true copy
Completed questionnaire	Copy

ⁱ “politically exposed persons” means the natural persons who are or have been entrusted with prominent public functions in the Republic of Cyprus or any other country and their immediate family members or persons known to be close associates of such persons.