

## ECONOMIC PROFILE FOR INDIVIDUAL

### PART 1. IDENTIFICATION

1.	True name and/or names used as these are stated on the official identity card or passport	
2.	Full permanent address, including postal code	
3.	Telephone (home and mobile), fax numbers	
4.	E-mail address	
5.	Date and place of birth	
6.	Nationality (and citizenship if different)	
7.	Residency country	
8.	Passport: series and number, date of issue and expiration, authority	
9.	Official national identity card, issued by competent authority: series and number, date of issue and expiration, authority	
10.	Details of the profession and other occupations including the name of employer / business organization / business address	
11.	Taxation	
	Taxpayer country (please list all)	
	Taxpayer ID	
	Are you US citizen or tax resident?	<input type="checkbox"/> NO <input type="checkbox"/> YES, please find details below: <ul style="list-style-type: none"> <li><input type="checkbox"/> US citizen</li> <li><input type="checkbox"/> Green card holder</li> <li><input type="checkbox"/> Reside in the USA for over 183 days</li> </ul>
12.	Bank account details (full name of the bank, SWIFT, account number)	
13.	Contact details (for account information and general correspondence)	
	Mailing address (if different from permanent)	
	Telephone number	
	Fax number	
	E-mail address	
14.	Are there any individuals that are duly authorised to operate your account and to act on your behalf?	
	<input type="checkbox"/> NO, there are no such persons. I will manage the account by myself	<input type="checkbox"/> YES, please find details below: <ul style="list-style-type: none"> <li>• True name and/or names used as these are stated on the official identity card or passport</li> <li>• Date and place of birth</li> <li>• Nationality (and citizenship if different)</li> <li>• Passport series and number, date of issue and expiration, authority</li> <li>• Full permanent address, including postal code</li> <li>• Telephone (home and mobile), fax numbers, e-mail address</li> <li>• Details of the profession and other occupations including the name of employer/business organisation</li> <li>• Document, which confirms the authority</li> <li>• Contact details (if different from p. 11)</li> </ul>

15.	Are you the ultimate beneficial owner of the account? Please confirm that you are the actual owner of money/financial instruments to be placed on your account		
	<input type="checkbox"/> YES	<input type="checkbox"/> NO, please find UBO details in separate questionnaire form attached	
16.	Client, authorized person, beneficial owners of the account are politically exposed persons, family members or close associates	<input type="checkbox"/>	Yes, details:
		<input type="checkbox"/>	No
17.	Client, authorized person, beneficial owners of the account are under Sanctions and Restrictive Measures by UN, EU, Cyprus, USA, HM	<input type="checkbox"/>	Yes, details:
		<input type="checkbox"/>	No

## PART 2. INVESTMENT PROFILE AND SUITABILITY-APPROPRIATENESS TEST

1.	Purpose, reason and nature of an account or relationship	<input type="checkbox"/>	Execution account
		<input type="checkbox"/>	Custody account
		<input type="checkbox"/>	Execution and custody
2.	Regularity or duration of the business relationship	<input type="checkbox"/>	Occasional transactions
		<input type="checkbox"/>	Regular business relationships
3.	Source of funds and wealth		
	• Expected source of funds		
	• Size of wealth		
	• Source and further description of funds and wealth		
	• Annual income		
4.	Expected pattern and level of transactions		
	• Anticipated account turnover (anticipated annualized amount to be invested)		
	• Nature of the transactions		
	• Expected origin of incoming funds to be credited in the account		
	• Level of assets to be deposited or the size of transactions undertaken		
5.	Suitability and appropriateness test		
	5.1. 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
5.2. Do you have financial sector / investment activity experience in the past?	<input type="checkbox"/>	No	
	<input type="checkbox"/>	Yes (please provide details below)	
	• Knowledge & Experience (including authorized persons if any)		
	Financial instruments	Experience (years)	Vol. monthly transactions (EUR) / Quantity
Nothing			
Stocks			

	Bonds			
	Collective investment units			
	Indices			
	ETFs			
	Other (if any)			
	<ul style="list-style-type: none"> <li>Number of trades during past 12 months (frequency)</li> </ul>	<input type="checkbox"/>	0-3 per month	
		<input type="checkbox"/>	3-10 per month	
		<input type="checkbox"/>	10-50 per month	
		<input type="checkbox"/>	> 50 per month	
	<ul style="list-style-type: none"> <li>Size of financial instrument portfolio, including cash deposits and financial instruments, '000 (<i>please indicate currency</i>)</li> </ul>	<input type="checkbox"/>	0-10	
		<input type="checkbox"/>	10<X<100	
		<input type="checkbox"/>	100<X<500	
		<input type="checkbox"/>	500<X	
	<ul style="list-style-type: none"> <li>Trading style / strategies used</li> </ul>	<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)	
5.3.	Risk Tolerance	<input type="checkbox"/>	Don't know	
		<input type="checkbox"/>	Minor volatility ( <i>up to 10%p.a. while stronger fluctuations are possible</i> )	
		<input type="checkbox"/>	Medium volatility ( <i>greater than 10%p.a. while stronger fluctuations are possible</i> )	
		<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	
5.4.	Number of future trades (frequency)	<input type="checkbox"/>	0-3 per month	
		<input type="checkbox"/>	3-10 per month	
		<input type="checkbox"/>	10-50 per month	
		<input type="checkbox"/>	> 50 per month	
5.5.	Type of investments	<input type="checkbox"/>	Long Term	
		<input type="checkbox"/>	Short Term	
		<input type="checkbox"/>	Capital Gains	
5.6.	Financial instruments requested for trading	<input type="checkbox"/>	Stocks	
		<input type="checkbox"/>	Bonds	
		<input type="checkbox"/>	Collective investment units	
		<input type="checkbox"/>	Indices	
		<input type="checkbox"/>	ETFs	
<input type="checkbox"/>	I do not want to receive any investment advice and do not want to receive any advice beyond the legally prescribed minimum			
<input type="checkbox"/>	I will give instructions concerning 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 low risk investments, but in case I have high risk expectations I will accept appropriate higher/high level of risk
<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. For more information please review our Privacy Policy ( <a href="http://www.dcl.com.cy/mifid.html">http://www.dcl.com.cy/mifid.html</a> ).

NAME	POSITION (IN CASE OF AUTHORISED PERSON ONLY)	DATE	SIGNATURE