

Customer/Counterparty Account Opening Pack

Contents

Introduction	2
Section A – General Information	3
Section B – Additional Documents for Regulated Entity	5
Section C - Additional Document for Unregulated Entity	1
Section D – Investment Profile of Customers	1

Introduction

Dear Customer/Counterparty,

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

- Section A: This questionnaire requires completion by all customers/counterparties
- Section B: Additional documents required for regulated entity
- Section C: Additional documents required for non-regulated customers
- Section D: The investment profile is to be completed

Section A – General Information

General Information			
Full Legal Name			
Registered Address			
City / Post Code / Country			
Is your company regulated?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>(if yes, please provide evidence)</i>	
Name of Regulator			
Is your company publicly traded	<input type="checkbox"/> Yes <input type="checkbox"/> No	Primary Exchange:	
		Ticker:	
Is your account intended for proprietary trading or to facilitate transactions conducted on an agency basis on behalf of your clients?	<input type="checkbox"/> Agency Basis		
	<input type="checkbox"/> Proprietary Activity		
Please describe the option which best describes your company's account with Dragon Capital (Cyprus) Limited	<input type="checkbox"/> Custody		
	<input type="checkbox"/> Execution Only		
State whether any directors, beneficiaries, authorized persons and/or any close family members/persons known to be associated with them are politically exposed person ⁱ	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes state the details	
Compliance & Anti-Money Laundering			
Does your company have an Anti-Money Laundering compliance programme?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you required by law/regulation to maintain such a programme?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Does your company have written AML policies and procedures?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Has your Board of Directors or senior management approved your AML compliance programme?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Does your company have a designated AML Compliance Officer responsible for overseeing its AML programme?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Name:		Position/Title:	
Telephone Number:		Email Address:	
Does your company have a policy prohibiting accounts or relationships with banks that do not have a physical presence in any country, for example "Shell Banks"?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Does your company have a policy regarding record retention, in accordance with applicable laws?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your company have written procedures providing for identification of suspicious activities and the reporting of such activity to the relevant authorities?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your company have policies and procedures to obtain and verify, as applicable information about ultimate beneficial ownership of your clients?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your company have a requirement to collect information regarding your clients' business activities?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your company provide AML training to it staff?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your company have policies regarding relationships with Politically Exposed Persons (PEPs)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your company take steps to understand the normal and expected transaction activity of its clients?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your company regularly screen customers and transactions against lists of persons, entities or countries subject to sanctions?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "yes", which lists do you use?			
If company is not regulated, please provide the full name, address and nationality of any owner with either 10% or more shareholding in your company			
Name	Address	Nationality	Percentage Ownership
Is your company a wholly owned subsidiary of another entity/financial institution?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If "yes" please provide answers to the questions below regarding the parent company</i>			
Parent Company Name:			
Parent Registered Business Address:			
City/Post Code/Country			
Jurisdiction of Parent Incorporation:			

Name of Parent's Regulator:			
Is the parent company publicly traded?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Primary Exchange:	
		Ticker:	
Title:	Name:	Date:	Signature:

Section B – Additional Documents for Regulated Entity

Regulated Entity	
Document	Additional Info
Evidence of Regulation	link to home state regulator
Authorised Signature List	Copy
Standard Settlement Instructions	Copy
Audited Financial Statements	Copy
Contact details for email/telephone for back office	Copy
Fax No/Email where trade confirms be sent	

Section C - Additional Document for Unregulated Entity

Unregulated Entity	
Document	Additional Info
Memorandum & Articles of Association of Incorporation	Notarized, or Apolstilled or Certified as True Copy
Certificate of Incorporation	Notarized, or Apolstilled or Certified as True Copy
Certificate of Registered Address	Notarized, or Apolstilled or Certified as True Copy
Certificate of Directors	Notarized, or Apolstilled or Certified as True Copy
Copy of Passport/s of company directors	Notarized, or Apolstilled or Certified as True Copy
Copy of Utility Bill, Local Authority Tax Bill of company directors (not older than 6 months)	Notarized, or Apolstilled or Certified as True Copy
Certificate of Shareholders	Notarized, or Apolstilled or Certified as True Copy
Ownership Structure on ultimate beneficiary if any shareholding is equal or greater than 10%	Notarized, or Apolstilled or Certified as True Copy
For shareholding equal or greater than 10%, either copy of passports (for individuals) and confirmation of address or certificate of incorporation (for legal entities)	Notarized, or Apolstilled or Certified as True Copy
Authorized Signature List	Copy
Audited Financial Statements if applicable	Copy
Board Resolution confirming the opening of account with Dragon Capital (Cyprus) Ltd	Copy
Third party reference letter, applicable to entities registered in: i) BVI, ii) Bahamas, iii) Bermuda, iv) Cayman Islands, v) Gibraltar or, vi) Seychelles	Original * see below
Standard Settlement Instructions/Bank account details	Copy
Contact details for email/telephone for back office	Copy
Fax No/Email where trade confirms be sent	

*suggested text

(On provider's letter head)

Dragon Capital (Cyprus) Limited
16 June 1943 Street
Building 9, office 202
Limassol, 3022, Cyprus

Re: "*name of the company*"

In connection with the opening of an account with your organization we hereby confirm that:

- A. "**X bank**"/ "**X accounting firm**"/ "**X legal firm**", a company incorporated under the laws of **(country)** is **authorised / regulated / licensed** by..... and has implemented it's anti-money laundering programme in accordance with the Law on Professional Due Diligence in Financial Transactions
- B. "**Name of the referrer**" has appropriate, specific and where necessary enhanced due diligence policies and procedures designed to detect and report instances of money laundering through private banking or correspondent accounts
- C. We confirm that we know Mr..... as beneficial owner of "**name of company**"
- D. A full KYC diligence has been conducted on Mr..... by our company and we a satisfactory relationship with "**name of company**"

Name:

Signature:

Position

Date:

Section D – Investment Profile

Investment Profile			
Total annual income (EUR)			
Anticipated annualized amount to be invested (EUR)			
Please indicate number of trades during past 12 months			
<input type="checkbox"/> less than 10 per each quarter <input type="checkbox"/> 10-40 per each quarter <input type="checkbox"/> more than 50 per each quarter			
Please indicate size of financial instrument portfolio, including cash deposits and financial instruments			
<input type="checkbox"/> less than 500 000 EUR <input type="checkbox"/> more than 500 000 EUR			
Please indicate type of investments			
<input type="checkbox"/> Long Term <input type="checkbox"/> Short Term <input type="checkbox"/> Capital Gains			
Frequency of Transactions			
<input type="checkbox"/> Regular <input type="checkbox"/> Occasional <input type="checkbox"/> One Off			
Risk Tolerance			
<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			
Knowledge & Experience (inc. directors, managers, authorized persons)			
Financial Instruments	Experience (years)	Vol. (EUR) Monthly Transactions	Average Annual Volume (EUR)
Options, Futures, SWAPS			
Foreign Exchange			
Equities			
Fixed Income			

Declarations	
<input type="checkbox"/> We do not want to receive any investment advice and we do not want to receive any advice beyond the legally prescribed minimum	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> We 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"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> We are fully aware and understand the risks connected with financial services/products we intend to work with	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> We state that we shall be treated as a Professional client in respect of all /some services/products we will work with (please specify)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> We receive a warning of the protections and investor compensation rights we can lose and we are fully aware of the consequences of losing such protection	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> We understand the nature of margin trading and we are fully aware of risks associated with it and confirm that we are able to bear financial consequences in line with our investment objectives	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Unless we 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 us or enter into with Dragon Capital (Cyprus) Limited or the markets upon which transactions may be effected	<input type="checkbox"/> Yes <input type="checkbox"/> No
<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	<input type="checkbox"/> Yes <input type="checkbox"/> No

Signature:		Date:	
Print Name:		Position/Title:	

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.