



Customer Questionnaire – Legal Entity

CUSTOMER QUESTIONNAIRE – LEGAL ENTITY

A. APPLICANT'S GENERAL INFORMATION

Registered corporate name:			
Business name (if different from registered corporate name):			
Company registration number:	Date of incorporation:	Country of incorporation:	
The Legal Entity Identifier (LEI)			
Company is: <input type="checkbox"/> Private <input type="checkbox"/> Public and Stock Exchange Unlisted <input type="checkbox"/> Public and Stock Exchange Listed, <i>please specify</i> : Country(ies) of Stock Exchange: Names and/or Symbols of Stock Exchange: <input type="checkbox"/> Partnership <input type="checkbox"/> Other (please specify):			
Registered address	Street	Number	Office
	City	Postcode	Country
Business address/ principal trading offices address (if different from registered address)	Street	Number	Office
	City	Postcode	Country
Full address of Head office (management/ control office address)	Street	Number	Office
	City	Postcode	Country

B. CONTACT DETAILS

Correspondence address (if different from registered address)	Street	Number	Office
	City	Postcode	Country
Contact person			
Business email			
Phone numbers	Fax number		
Corporate website			

On behalf of client:		Signature:	
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C. BUSINESS AND ECONOMIC PROFILE

Business overview (please provide a clear description of your main business/professional activities/operations, including details of goods/services you provide. "General trading", "consulting", "marketing", "imports and exports" are insufficient descriptions and are not acceptable. In case of holding companies, please provide activities of the group, list of the companies in the group and a tree diagram):

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Do you require a special license to operate your organisation? Yes/No (hereinafter -Y/N)

If yes, please provide information about all obtained licenses:

Name of the issuing authority	Jurisdiction	License number/type
Does your company apply Know Your Customer (KYC) procedures?	Y/N (if Yes, please provide us with a copy of your KYC procedures)	

Does your company have a right to issue bearer shares / Has your company issued bearer shares? (Y/N)

If Yes, please provide details:

Total number and value of shares	Total number and value of bearer shares	Who holds the bearer shares (i.e. beneficial owners, banks, financial institution, etc)

Number of years in operation:		Number of employees:	
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Who are your main customers?

- ☐ Retail Customers
 ☐ Business Customers
 ☐ Non-Profit foundations or associations
 ☐ Other *please specify:*

How do you sell your products and/or services?

- ☐ Physical store
 ☐ Door to door sales
 ☐ Trade fairs/Physical marketplace
 ☐ Online marketplace
 ☐ Own website
 ☐ Other *please specify:*

Please provide details regarding source of wealth of your company (origin of the entire accumulated wealth (i.e. total assets):

- ☐ Company profit from the main business activities
 ☐ Investment income
 ☐ Shareholder loans
 ☐ Sale of assets
 ☐ Loans
 ☐ Other *please specify*

Estimated total wealth:	€
Annual income	€

On behalf of client:		Signature:	
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Is your company part of a group? Y/N (If yes, please provide the details below)

Group name:	
Country of incorporation of the parent company, subsidiary companies and associate companies:	
Main activities of the group:	
Please provide details regarding source of wealth of the group (origin of the entire accumulated wealth (i.e. total assets): <input type="checkbox"/> Company profit from the main business activities <input type="checkbox"/> Investment income <input type="checkbox"/> Shareholder loans <input type="checkbox"/> Sale of assets <input type="checkbox"/> Loans <input type="checkbox"/> Other <i>please specify</i>	
Estimated total wealth:	€

The purpose and the reason for requesting the establishment of a business relationship with Wise Wolves Finance LTD (i.e. hedging, income growth, speculation, long term investments, short term investments, etc):	
The Company applies for the <input type="checkbox"/> own account <input type="checkbox"/> 'client account'	
Nature of the expected transactions: <input type="checkbox"/> Trading in high liquid financial instruments <input type="checkbox"/> Trading in low liquid financial instruments <input type="checkbox"/> Foreign exchange: <input type="checkbox"/> for further transaction with financial instruments <input type="checkbox"/> Spot trading (physical delivery) <input type="checkbox"/> REPO <input type="checkbox"/> Other, <i>please specify</i> :	
Please indicate which of the following types of instrument you would like to trade: <input type="checkbox"/> Shares <input type="checkbox"/> Futures/Options <input type="checkbox"/> Other, <i>please specify</i> : <input type="checkbox"/> Bonds <input type="checkbox"/> Other derivatives <input type="checkbox"/> ADR/GDR <input type="checkbox"/> Structured products	
Please indicate if you cooperate or planning to cooperate with persons from the US and to perform transactions to transfer any funds to an account maintained in the US? Y/N If yes, please provide details:	
Please indicate, on which trading venues / markets you intend to trade: <input type="checkbox"/> Russian stock-exchanges & OTC <input type="checkbox"/> Other stock-exchanges, <i>please specify</i> : <input type="checkbox"/> Other OTC	
Please indicate, trading venues / markets / financial instruments you would like to avoid:	

On behalf of client:		Signature:	
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Anticipated account turnover: (please fill in below)

Volume			
Amount per year in EUR:			
Frequency			
<i>please underline as appropriate:</i> per week/month/year		Number of transactions:	
Level of transactions (approximately, in EUR)	<100K	100K-500K	>500K
Number of Incoming transactions	<input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> yearly	<input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> yearly	<input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> yearly
Number of Outgoing transactions	<input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> yearly	<input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> yearly	<input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> yearly

Please indicate source of funds which will be used in the business relationship with Wise Wolves Finance LTD (e.g. origin of the funds being invested, deposited, or wired as part of the business relationship):	
<input type="checkbox"/> Company shareholders' funds <input type="checkbox"/> Government grants <input type="checkbox"/> Borrowed funds <input type="checkbox"/> Investment activities <input type="checkbox"/> Income from business activities (e.g. sales of products or services) <input type="checkbox"/> Other (please specify):	
Expected origin of incoming funds to be credited in the account:	
Countries	Banks
Expected destination of outgoing transfers/payments:	
Countries	Banks

On behalf of client:		Signature:	
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D. RELATED PERSONS AND OWNERSHIP STRUCTURE

I) Directors (the separate form RELATED PERSON should be completed by each director)

Full name/ legal entity name	Is this person (or any of the person's immediate family members or close associates) a Politically Exposed Person (PEP)? * ¹ Y/N

II) Secretary, if applicable (the separate form RELATED PERSON should be completed)

Full name/ legal entity name	Is this person (or any of the person's immediate family members or close associates) a Politically Exposed Person (PEP)? * Y/N

III) Authorized persons (the separate form RELATED PERSON and APPROPRIATENESS TEST should be completed by each authorized person)

Full name	Relationship to the applicant	Type of authorization (to sign agreement, give settlement instructions, give orders, receive reports, etc)	Is this person (or any of the person's immediate family members or close associates) a Politically Exposed Person (PEP)? * Y/N	Specimen signature

¹ * "Politically exposed person" means a natural person who is or who has been entrusted with a prominent public function in the Republic or abroad (e.g. Heads of State, Members of Parliament, Heads of judiciary, Ambassadors etc.) and includes the family members of such person (spouse, partner, children, children's spouses and partners, parents) and persons known to be close associates of such person (e.g. business associates).

On behalf of client:		Signature:	
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IV) Ownership structure

Registered shareholders (the separate form RELATED PERSON should be completed by each shareholder)
(If the shareholders are corporations, further information for the holding company and the information of the shareholders are required)

Full name/Legal name	Date of appointment	% of shares	Does this shareholder act as a nominee on behalf of beneficial owner? Y/N	Is this person (or any of the person's immediate family members or close associates) a Politically Exposed Person (PEP)?* ² Y/N

Beneficial owners (the separate form RELATED PERSON should be completed by each beneficial owner).

The information below is required for all natural persons who ultimately owns or controls a legal entity through direct or indirect ownership of more than 25% of shares or voting rights, or those with a controlling interest (including beneficiaries in case of trusts).

Full name	% of ownership	Is this person (or any of the person's immediate family members or close associates) a Politically Exposed Person (PEP)? * ² Y/N

In case of trusts only, please specify

	Full name / legal entity name	Is this person (or any of the person's immediate family members or close associates) a Politically Exposed Person (PEP)? * Y/N
Settlor		
The trustee(s)		
Protector, of any		
The class of beneficiaries, if beneficiaries are not determined		

² * "Politically exposed person" means a natural person who is or who has been entrusted with a prominent public function in the Republic or abroad (e.g. Heads of State, Members of Parliament, Heads of judiciary, Ambassadors etc.) and includes the family members of such person (spouse, partner, children, children's spouses and partners, parents) and persons known to be close associates of such person (e.g. business associates).

On behalf of client:		Signature:	
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E. INFORMATION ON POLITICALLY EXPOSED PERSONS, *if applicable*

Please fill in the below information for *EVERY* PEP:

Name of the PEP: (OR immediate family member(s) OR close associate (s) who is/are PEP(s)):		
In case of immediate family member or close associate of a PEP, please specify RELATIONSHIP and name of the person in company's structure:		
Organisation/employer:		Occupation/position:
Country of the position held:		
Period in which this individual has held the political or public function		From To
Ability to move government funds during the period that position has been held		Y/N
If yes, please provide details:		

Indicative list of functions for Politically Exposed Persons:

- heads of State, heads of government, ministers and deputy or assistant ministers;
- members of parliament or of similar legislative bodies;
- members of the governing bodies of political parties;
- members of supreme courts, of constitutional courts or of other high-level judicial bodies, the decisions of which are not subject to further appeal, except in exceptional circumstances;
- members of courts of auditors or of the boards of central banks;
- ambassadors, chargés d'affaires and high-ranking officers in the armed and security forces;
- members of the administrative, management or supervisory bodies of State-owned enterprises;
- directors, deputy directors and members of the board or equivalent function of an international organisation.
- Mayors

'family members' includes the spouse, partner, the children and their spouses and partners, the parents.

'persons known to be close associates':

- natural persons who are known to have joint beneficial ownership of legal entities or legal arrangements, or any other close business relations, with a politically exposed person;
- natural persons who have sole beneficial ownership of a legal entity or legal arrangement which is known to have been set up for the de facto benefit of a politically exposed person.

On behalf of client:		Signature:	
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F. FATCA/ CRS SELF-CERTIFICATION FORM

FATCA

GIIN	
Please submit the forms as follows	
For the Company which is a U.S. person ³	The form W-9
For the Company which is not a U.S. person	The form W-8BEN-E
For the Company which is Passive NFFE, for <i>EVERY</i> controlling person (beneficial owners).	The form W-9 - for U.S. citizen and U.S. tax residents The form W-8BEN - for non U.S. tax resident

CRS

Tax residence country of the Company	Tax Identification number (TIN)	If no TIN, please specify the reason
With regards to Common Reporting Standard, please choose your categorization (for definition please refer to the Annex 1)	Financial Institution: <input type="checkbox"/> Custodial Institution <input type="checkbox"/> Depository Institution <input type="checkbox"/> Investment entity <input type="checkbox"/> Specific Insurance Company <input type="checkbox"/> Cyprus Financial Institution	Non-Financial Entity <input type="checkbox"/> Active NFE <input type="checkbox"/> Passive NFE (i.e. not an Active NFE or an investment entity, that is not a Participating Jurisdiction Financial Institution)

G. MiFID II CATEGORIZATION

Please choose as appropriate:

Entities which are required to be authorised or regulated to operate in the financial markets	<input type="checkbox"/> Credit institutions; <input type="checkbox"/> Investment Firms; <input type="checkbox"/> Other authorised or regulated financial institutions; <input type="checkbox"/> Insurance companies; <input type="checkbox"/> Collective investment schemes and management companies of such schemes; <input type="checkbox"/> Pension funds and management companies of such funds; <input type="checkbox"/> Commodity and commodity derivatives dealers; <input type="checkbox"/> Locals; <input type="checkbox"/> Other institutional investors;
Large undertakings meeting two of the following size requirements on a company basis	<input type="checkbox"/> balance sheet total: EUR 20 000 000 <input type="checkbox"/> net turnover: EUR 40 000 000 <input type="checkbox"/> own funds: EUR 2 000 000
Is the company	<input type="checkbox"/> National and regional governments, including public bodies that manage public debt at national or regional level, <input type="checkbox"/> Central Banks, <input type="checkbox"/> International and supranational institutions and organisations <input type="checkbox"/> Other institutional investors whose main activity is to invest in financial instruments, including entities dedicated to the securitisation of assets or other financing transactions

³ "U.S. Person" means a U.S. citizen or resident individual, a partnership or corporation organized in the United States or under the laws of the United States or any State thereof, a trust if (i) a court within the United States would have authority under applicable law to render orders or judgments concerning substantially all issues regarding administration of the trust, and (ii) one or more U.S. persons have the authority to control all substantial decisions of the trust, or an estate of a decedent that is a citizen or resident of the United States.

On behalf of client:		Signature:	
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H. DECLARED BANKING INFORMATION / PAYMENT DETAILS

Kindly note that we will accept remittances from and will make transfers only to the account(s) specified below

Beneficiary		Beneficiary	
Beneficiary account / IBAN		Beneficiary account / IBAN	
Beneficiary Bank		Beneficiary Bank	
SWIFT Code		SWIFT Code	
Correspondent Bank		Correspondent Bank	
SWIFT Code		SWIFT Code	
Correspondent Account		Correspondent Account	

Beneficiary		Beneficiary	
Beneficiary account / IBAN		Beneficiary account / IBAN	
Beneficiary Bank		Beneficiary Bank	
SWIFT Code		SWIFT Code	
Correspondent Bank		Correspondent Bank	
SWIFT Code		SWIFT Code	
Correspondent Account		Correspondent Account	

- ✓ I have provided true, accurate and complete information and I authorize Wise Wolves Finance Ltd to make any enquiries which it may consider necessary for confirmation of such information. I understand that it may be necessary for Wise Wolves Finance Ltd to request further documentation and information to complete the due diligence process of the company.
- ✓ I confirm that in cases any of the information that is provided in this questionnaire changes or if the operations of the legal entity change then I am obliged to inform Wise Wolves Finance Ltd without delay.
- ✓ I have read, understood and agreed with the Agreement (namely the Client Agreement and the Client Classification Policy, Investor Compensation Fund, Summary of Conflicts of Interest Policy, Best Interest and Order Execution Policy, Risk Disclosure and Warnings Notice, Complaints Policy for Clients and Privacy Policy).

Company name: _____

Signature: _____

Name: _____

Position: _____

Date: _____

Seal

On behalf of client:		Signature:	
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Annex 1. CRS – definitions

Custodial Institution	Any Entity that holds, as a substantial portion of its business, Financial Assets for the account of others. An Entity holds Financial Assets for the account of others as a substantial portion of its business if the Entity's gross income attributable to the holding of Financial Assets and related financial services equals or exceeds 20% of the Entity's gross income during the shorter of: (a) the three-year period that ends on 31 December (or the final day of a non-calendar annual accounting period) prior to the year in which the determination is being made; or (b) the period during which the Entity has been in existence.
Depository Institution	Any Entity that accepts deposits in the ordinary course of a banking or similar business.
Investment Entity	Any Entity: (a) that primarily conducts as a business one or more of the following activities or operations for or on behalf of a customer: i) trading in money market instruments (cheques, bills certificates of deposit, derivatives, etc), foreign exchange; exchange, interest rate and index instruments; transferable securities; or commodity futures trading; ii) individual and collective portfolio management; or iii) otherwise investing, administering, or managing Financial Assets or money on behalf of other persons; or (b) the gross income of which is primarily attributable to investing, reinvesting, or trading in Financial Assets, if the Entity is managed by another Entity that is a Depository Institution, a Custodial Institution, a Specified Insurance Company, or an Investment Entity described under paragraph (a). It is provided that, an Entity is treated as primarily conducting as a business one or more of the activities described in subparagraph (a) above, or an Entity's gross income is primarily attributable to investing, reinvesting, or trading in Financial Assets for purposes of the current subparagraph, if the Entity's gross income attributable to the relevant activities equals or exceeds 50% of the Entity's gross income during the shorter of: (i) the three-year period ending on 31 December of the year preceding the year in which the determination is made; or (ii) the period during which the Entity has been in existence. (c) The term "Investment Entity" does not include an Entity that is an Active NFE according to the subparagraphs (d)-(g).
Specific Insurance Company	Every Entity that is an insurance company (or a holding company of an insurance company) offering Cash Value Insurance Contracts of Annuity Contracts or which is obliged to effect payments pursuant to such contracts.
Cyprus Financial Institution	(i) any Financial Institution resident in Cyprus, but excluding any branch of such Financial Institution that is located outside Cyprus and (ii) any branch of a Financial Institution not resident in Cyprus, if such branch is located in Cyprus
Active NFE	Any NFE that meets any of the following criteria: (a) less than 50% of the NFE's gross income for the preceding calendar year or other appropriate reporting period is passive income and less than 50% of the assets held by the NFE during the preceding calendar year or other appropriate reporting period are assets that produce or are held for the production of passive income; (b) the stock of the NFE is regularly traded on an established securities market or the NFE is a Related Entity of an Entity the stock of which is regularly traded on an established securities market; (c) the NFE is a Governmental Entity, an International Organisation, a Central Bank, or an Entity wholly owned by one or more of the foregoing; (d) substantially all of the activities of the NFE consist of holding (in whole or in part) the outstanding stock of, or providing financing and services to, one or more subsidiaries that engage in trades or businesses other than the business of a Financial Institution, except that an Entity does not qualify for this status if the Entity functions (or holds itself out) as an investment fund, such as a private equity fund, venture capital fund, leveraged buyout fund, or any investment vehicle whose purpose is to acquire or fund companies and then hold interests in those companies as capital assets for investment purposes; e) the NFE is not yet operating a business and has no prior operating history, but is investing capital into assets with the intent to operate a business other than that of a Financial Institution, provided that the NFE does not qualify for this exception after the date that is 24 months after the date of the initial organisation of the NFE; (f) the NFE was not a Financial Institution in the past five years, and is in the process of liquidating its assets or is reorganising with the intent to continue or recommence operations in a business other than that of a Financial Institution; (g) the NFE primarily engages in financing and hedging transactions with, or for, Related Entities that are not Financial Institutions, and does not provide financing or hedging services to any Entity that is not a Related Entity, provided that the group of any such Related Entities is primarily engaged in a business other than that of a Financial Institution; or (h) the NFE meets all of the following requirements: (i) it is established and operated in its jurisdiction of residence exclusively for religious, charitable, scientific, artistic, cultural, athletic, or educational purposes; or it is established and operated in its jurisdiction of residence and it is a professional organisation, business league, chamber of commerce, labour organisation, agricultural or horticultural organisation, civil league or an organisation operated exclusively for the promotion of social welfare; (ii) it is exempt from income tax in its jurisdiction of residence; (iii) it has no shareholders or members who have a proprietary or beneficial interest in its income or assets; (iv) the applicable laws of the NFE's jurisdiction of residence or the NFE's formation documents do not permit any income or assets of the NFE to be distributed to, or applied for the benefit of, a private person or non-charitable Entity other than pursuant to the conduct of the NFE's charitable activities, or as payment of reasonable compensation for services rendered, or as payment representing the fair market value of property, which the NFE has purchased; and (v) the applicable laws of the NFE's jurisdiction of residence or the NFE's formation documents require that, upon the NFE's liquidation or dissolution, all of its assets be distributed to a Governmental Entity or other non-profit organisation, or escheat to the government of the NFE's jurisdiction of residence or any political subdivision thereof.

On behalf of client:	Signature:
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RELATED PERSONS – CORPORATE

Please fill in the below information for EVERY corporate director, secretary, shareholder.

Registered corporate name:			
Business name (if different from registered corporate name):			
Company registration number:	Date of incorporation:	Country of incorporation:	
Company is: <input type="checkbox"/> Private <input type="checkbox"/> Public and Stock Exchange Unlisted <input type="checkbox"/> Public and Stock Exchange Listed <input type="checkbox"/> Partnership <input type="checkbox"/> Other (please specify):			
Registered address	Street	Number	Office
	City	Postcode	Country
Business address/principal trading offices address (if different from registered address)	Street	Number	Office
	City	Postcode	Country
Business email			
Phone numbers	Fax number		
Corporate website			

On behalf of client:		Signature:	
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RELATED PERSONS – INDIVIDUALS

i) BENEFICIAL OWNERS

Please fill in the below information for *EVERY* beneficial owner. In the case of trust, the form below should be completed by the settlor, protector, trustees, beneficiaries and any other natural person exercising ultimate effective control over the trust.

First name (as stated on the official identity card/passport):			
Last name (as stated on the official identity card/passport):			
Date of birth:		Place of birth:	
Nationality:		Passport/ID number:	
Phone number (home):		Phone number (mobile):	
Fax number:			
e-mail:			
Full permanent residential address, city, postcode, country:			
Details of the profession and other occupations			
Name of the employer/business organization:			
Tax residence country (all countries of tax residence)	TIN (tax identification number)	If no TIN, please specify the reason	
Are you citizen of U.S.*	Y/N		
Are you resident of U.S.*	Y/N		

* Additional forms as certification of U.S./non U.S citizenship and/or residence may be required.

On behalf of client:		Signature:	
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ii) OTHER INDIVIDUALS

Please fill in the below information for *EVERY individual* director, secretary, shareholder and authorized persons:

First name (as stated on the official identity card/passport):			
Last name (as stated on the official identity card/passport):			
Date of birth:		Place of birth:	
Nationality:		Passport/ID number:	
Phone number (home):		Phone number (mobile):	
Fax number:			
e-mail:			
Full permanent residential address, city, postcode, country:			
Details of the profession and other occupations			
Name of the employer/business organization:			

First name (as stated on the official identity card/passport):			
Last name (as stated on the official identity card/passport):			
Date of birth:		Place of birth:	
Nationality:		Passport/ID number:	
Phone number (home):		Phone number (mobile):	
Fax number:			
e-mail:			
Full permanent residential address, city, postcode, country:			
Details of the profession and other occupations			
Name of the employer/business organization:			

On behalf of client:		Signature:	
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APPROPRIATENESS TEST

The information regarding the authorized person's knowledge and experience in the investment field relevant to the specific type of product or service is required, so as to enable the Wise Wolves Finance LTD to assess whether the investment service or product demanded is appropriate for the client.

Where no information or insufficient information provided, the Wise Wolves Finance LTD will be not in a position to determine whether the service or product envisaged is appropriate for the Company.

The test should be completed by *EVERY* authorized person.

The Company name	
The name of authorized person	
Knowledges	
Education	<input type="checkbox"/> University Degree (Business, Finance, Banking, Accounting, Economy) <input type="checkbox"/> Other University degree: <input type="checkbox"/> MBA Degree / MSc in Finance, Banking, Accounting, Economy <input type="checkbox"/> Other <i>please specify</i> :
Professional Finance Services Qualification, <i>please specify</i> , if any	
Attended courses/seminars in Financial markets, Investments, etc, related certificates, if any. Please specify subject, date, etc	
Experience	
Current or previous occupation related to financial/investment services, financial instruments, markets. Please specify the position, name of the employer, period of employment	
Experience in investment/ financial services	<input type="checkbox"/> Never traded <input type="checkbox"/> Occasional trading <input type="checkbox"/> Regular/frequent trading <input type="checkbox"/> Other, <i>please specify</i> :
Transactions with which you are familiar with	<input type="checkbox"/> Sale/purchase of financial instruments <input type="checkbox"/> REPO <input type="checkbox"/> Other, please specify:
Types of services with which you are familiar with	<input type="checkbox"/> Brokerage services <input type="checkbox"/> Custody services <input type="checkbox"/> Investment advice <input type="checkbox"/> Portfolio management <input type="checkbox"/> Other, please specify:

Trading experience				
Financial instruments	Tick the instruments you traded	Specify the average volume you traded (annually in EUR)	Specify the period you traded	Specify the frequency of trading
Equity and equity like (shares, depository receipts, units, etc)	<input type="checkbox"/>			
Bonds	<input type="checkbox"/>			
Certificates and promissory notes	<input type="checkbox"/>			
Money-market instruments (treasury bills, certificates of deposit, commercial paper)	<input type="checkbox"/>			
Shares or units in UCITS	<input type="checkbox"/>			
Structured deposits	<input type="checkbox"/>			
Options	<input type="checkbox"/>			
Warrants	<input type="checkbox"/>			
Futures	<input type="checkbox"/>			
Swaps	<input type="checkbox"/>			
Forward agreements	<input type="checkbox"/>			
Any other derivative contracts relating to securities	<input type="checkbox"/>			
CFD	<input type="checkbox"/>			
FX / FX swaps	<input type="checkbox"/>			
Structured Financial Instrument	<input type="checkbox"/>			

Signature of authorized person: _____

Name of authorized person: _____

Date: _____

For internal use only:				
Appropriateness test result:				
Assessed by:		Signature:		Date: