

Individual Client Questionnaire

PLEASE COMPLETE, SIGN AND RETURN TO US

By fax +357 22 681 505 or email info@alfacapital.com.cy Attn: Compliance Department

IMPORTANT NOTICE: If this questionnaire is not fully completed we will not be able to offer you any advice, neither will we be in a position to comment on the appropriateness or suitability of any envisaged services or transactions

A. INFORMATION ABOUT THE INDIVIDUAL	Full Name			
	Category of client		<i>(please do not fill)</i>	
	Date of Birth			
	Passport number - authority			
	Issue and Expiration date			
Home Address		Contact details	Tel 1	()
			Tel 2	()
			Fax	()
			E-mail	
Mailing Address		Preferred communication method	<input type="checkbox"/> Tel <input type="checkbox"/> Fax <input type="checkbox"/> E-mail	
B. INFORMATION ABOUT OCCUPATION	Name			
	Occupation (detailed description)			
	Source of funds / wealth		<input type="checkbox"/> Owner of business (please specify) <input type="checkbox"/> Salary earnings <input type="checkbox"/> Investments <input type="checkbox"/> Inheritance <input type="checkbox"/> Other (please specify)	
Further description of source of funds / wealth	<i>(e.g. For trusts, how did settler accumulate wealth? For inheritance, how did family accumulate wealth? For business owners, the business profile (securities transactions, real estate, etc), how long in business, how many employees, level of profitability)</i>			
Annual income of the ultimate beneficiary (approximately)	<input type="checkbox"/> < \$20,000		<input type="checkbox"/> \$50,000 - \$100,000	
	<input type="checkbox"/> \$20,000 - \$50,000		<input type="checkbox"/> \$100,000 - \$500,000	
C. INVESTMENT PROFILE	Investment objectives	<input type="checkbox"/> Long term investments <input type="checkbox"/> Short term investments <input type="checkbox"/> Capital Gains <input type="checkbox"/> Current Income <input type="checkbox"/> Investing for your clients (if authorized investment firm)		
		Frequency of prospective financial transactions	<input type="checkbox"/> One-off <input type="checkbox"/> Regular <input type="checkbox"/> Occasional	
	Amount you intend to invest	<input type="checkbox"/> < \$50,000 <input type="checkbox"/> \$100,000 to \$500,000 <input type="checkbox"/> up to \$10,000,000 <input type="checkbox"/> \$50,000 - \$100,000 <input type="checkbox"/> \$500,000 to \$1,000,000 <input type="checkbox"/> > \$10,000,000		
Level of risk you are willing to take	<input type="checkbox"/> <i>Slight fluctuations in value (from a current perspective: up to 10% p.a, stronger fluctuations are possible)</i> <input type="checkbox"/> <i>Medium level fluctuation in value (over 10%p.a, in exceptional cases, a complete loss is possible), e.g. equity funds, mixed funds, stocks (e.g. blue chips), foreign currency bonds</i> <input type="checkbox"/> <i>Speculative investments which may involve the complete loss of the capital because I want to take advantage of a very high earnings potential (e.g., low-quality bonds, stocks warrants)</i> <input type="checkbox"/> <i>Extremely risky investments which may involve, beyond the complete loss of the invested capital, the demand for additional funds (e.g., written options, forward transactions)</i>			
Any investments you would like to avoid (if applicable)				

D. RETAIL CLIENTS OR COUNTERPARTIES INFORMATION		Annual Income from occupation/business activities				
		Earnings		Reported profit	Total liabilities	
		Ordinary activities	Extraordinary /exceptional activities	USD	USD	
		USD	USD			
Current knowledge and experience						
Financial instrument		Current value	Size of transactions over the past year	Average frequency of transactions per quarter for the past year		
Non-Complex	<input type="checkbox"/> Deposits	USD	USD			
	<input type="checkbox"/> Money Market instruments	USD	USD			
	<input type="checkbox"/> Depository receipts (DRs)	USD	USD			
	<input type="checkbox"/> Bonds or other securitized debt	USD	USD			
	<input type="checkbox"/> Units	USD	USD			
	<input type="checkbox"/> Other non-complex instruments (please describe)	USD	USD			
Complex	<input type="checkbox"/> Options, futures, swaps, forwards, other derivatives	USD	USD			
	<input type="checkbox"/> Securities	USD	USD			
	<input type="checkbox"/> Currencies	USD	USD			
	<input type="checkbox"/> Interest rates	USD	USD			
	<input type="checkbox"/> Yields	USD	USD			
	<input type="checkbox"/> Derivatives on commodities	USD	USD			
	<input type="checkbox"/> Writer of derivative products	USD	USD			
Explicit declarations by the client / counterparty						
Investment advise	<input type="checkbox"/> I am not prepared to give you the requested specific information / specific information and for this reason i do not want to receive any relevant advice <input type="checkbox"/> I do not want to receive advice beyond the legally prescribed minimum <input type="checkbox"/> I give instructions concerning investments by way of telecommunication (by telephone). therefore i do not want to receive any relevant advice pursuant to a separate agreements <input type="checkbox"/> I hereby confirm that I have been informed about all important facts about the market and about the risks (especially potential price/exchange risks and the possibility of changes in tax legislation)					
Personal data	<input type="checkbox"/> I give my express consent to the use by Alfa Capital Holdings (Cyprus) Ltd. of my personal data (name, address, telephone, fax, e-mail) for Alfa Capital Holdings (Cyprus) Ltd. own purposes in connection with information and marketing measures related to products, services, and events. In this context, I also expressly agree to telephone calls, including transmission by fax and the sending of electronic mail, being made by Alfa Capital Holdings (Cyprus) Ltd. for such information and marketing measures. I reserve my right to revoke my consent at any time by giving a written notice to Alfa Capital Holdings (Cyprus) Ltd.					
Questions relating to Politically Exposed Persons						
Have you ever been declared Politically Exposed Person? <input type="checkbox"/>						
Did you hold a position in any governmental body during the previous one year? <input type="checkbox"/>						
Do any of your immediate family members or close associates hold a position in any governmental body? If yes please provide us with the following details: Name Position Duration						
Did any of your immediate family members or close associates held a position in any governmental body during the previous year? If yes please provide us with the following details: Name Position Duration						
E. INFORMATION ON ANY RELATED PERSONS		Persons, authorized to sign agreements and orders confirmations				
		Name	Authorizing document	Contact details		Specimen Signature
				Tel	()	
				Fax	()	
				E-mail		
				Tel	()	
				Fax	()	
		E-mail				

Persons, authorized to operate on the basis of a power of attorney			
Name	Contact details		Specimen Signature
	Tel	()	
	Fax	()	
	E-mail		
	Tel	()	
	Fax	()	
	E-mail		

Persons, authorized to give settlement Instructions			
Name	Contact details		Specimen Signature
	Tel	()	
	Fax	()	
	E-mail		
	Tel	()	
	Fax	()	
	E-mail		

Contacts for delivery of statements & reports			Payment details		
Name	Contact details		Specimen Signature	Correspondent bank:	
	Tel	()		SWIFT:	
	Fax	()		Account:	
	E-mail				
	Tel	()		Beneficiary bank:	
	Fax	()		SWIFT:	
	E-mail				
			Beneficiary:		
			Account number:		
			IBAN code:		

Name of the individual	
By	
Name	
Date	