

## **QUESTIONNAIRE**

### **I. GENERAL INFORMATION**

Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Residence Address:

(street, city, postal/ZIP code, country) \_\_\_\_\_  
\_\_\_\_\_

Date of birth: \_\_\_\_\_

City and country of birth: \_\_\_\_\_

Citizenship: \_\_\_\_\_ Other Citizenships: \_\_\_\_\_

Tax ID: \_\_\_\_\_

Identification document

Type:                National ID Card                Passport

Number: \_\_\_\_\_

Issuer: \_\_\_\_\_

Expiration date: \_\_\_\_\_

### **CORRESPONDENCE ADDRESS**

☐ Same as residence.

Correspondence Address:

(street, city, postal/ZIP code, country) \_\_\_\_\_

House phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Bank name: \_\_\_\_\_

Account number (IBAN): \_\_\_\_\_

### **II. ADDITIONAL DATA**

- |                                     |                |               |                     |
|-------------------------------------|----------------|---------------|---------------------|
| 1. Personal status:                 | Employee       | Entrepreneur  | Unemployed          |
|                                     | Retired        | Student       | Other:              |
| 2. Type of employer:<br>authorities | Private sector | Civil service | National / regional |
| 3. Title:                           | _____          |               |                     |

4. Current occupation: \_\_\_\_\_

5. Purpose of establishing the business relationship:

Trading in financial instruments by order	Managing a portfolio of financial instruments
Public offering subscription	Transactions with high-risk jurisdictions

E. Other: \_\_\_\_\_

5a. Planned method of payment in this business relationship

Bank transfer	Use of cash versus electronic transfers	Credit card payment
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6.\* Planned annual investments (average): Up to EUR 27.000

Up to EUR 67.000 Up to EUR 134.000

Above EUR 134.000 Large or complex transactions

\* Investment refers to the initial investment and any new investment of financial instruments or cash

7. Funds for the investment come from:

- A. Salary
- B. Savings
- C. Capital income
- D. Property income
- E. Gift/Donation
- F. Inheritance
- G. Other: \_\_\_\_\_

8. Are you establishing a business relationship on behalf of someone else? A. YES B. NO

9. Years until retirement:

Retired	25 to 35 years
10 years or less	More than 35 years
11 to 24 years	

15. Are you a US citizen? YES NO

16. Are you a politically exposed person ? \* YES NO

*\*Politically exposed persons are required to answer following questionnaire:*

## QUESTIONNAIRE FOR POLITICALLY EXPOSED PERSONS

When establishing a business relationship with residents or non-residents or conducting transactions, a company is required to follow an appropriate procedure to determine whether a party is a politically exposed person, in accordance with the Anti-Money Laundering rules. Politically Exposed Person is any natural person who is acting or has acted in a prominent public capacity over the last year (or longer), including members of his immediate family or close associates:

- Immediate family members are: spouse, parents, children and their spouses.

- A close associate is any natural person known to have joint ownership of a legal person or entity or any other company having a close business relationship with a politically exposed person or who is the sole beneficial owner of a legal person or entity known to be established for the benefit of political exposed persons.

Regarding the implementation and compliance with the provisions of the Anti-Money Laundering and Terrorist Financing Act, please answer the following questions correctly:

1. In your country of residence / habitual residence, do you act in a prominent public office (as President or Government, Minister, Deputy, Secretary of State or Assistant Minister)? YES  
NO
2. Are you a Member of Parliament / Elected Member of the Legislature? YES  
NO
3. Are you a member of the governing body of political parties? YES  
NO
4. Are you a member of a supreme, constitutional or other high court against whose judgment, except in exceptional cases, it is not possible to use remedies? YES  
NO
5. Are you a judge of audit courts or a member of a central bank council? YES  
NO
6. Are you an ambassador, charge d'affaires or a senior officer in the armed forces? YES  
NO
7. Are you a member of the management or supervisory boards of legal entities owned, or majority owned by the State? YES  
NO
8. Are you a director, deputy director, board member, or person performing equivalent functions in an international organization? YES  
NO
9. Are you a municipal governor, county governor or mayor or their deputy, elected on the basis of the law governing local elections ? YES  
NO
10. Are you a member of the immediate family of the persons listed above:
  - a. Spouse or domestic partner of politically exposed person. YES  
NO
  - b. Child, spouse of the child or domestic partner of the child of politically exposed person. YES  
NO
  - c. Parent of politically exposed person. YES  
NO
11. Are you a close associate of the aforementioned persons known to have joint ownership of a legal person or entity or any other close business relationship with the politically exposed person or who is the sole beneficial owner of a legal entity or entity known to be established for the benefit of a politically exposed person? YES  
NO
12. Has it been more than 12 months since the cessation of the aforementioned prominent public office? YES  
NO

13. If you are a politically exposed person, please state:

a. Date of appointment or time of discharge of prominent public office:

\_\_\_\_\_

b. Source of assets and assets that are or will be the subject of a business relationship or transaction:

ATTACHMENTS:

1. Copy of identity card / passport

2. Copy of bank account card, contract etc. 3. POR

4. Other

By signing this document, the client confirms that he is familiar with Privacy Policy, that he understood all the questions that were asked, that he answered truthfully and completely without disclosing the data or circumstances known to him, and that the information he provided was correct and the documentation submitted is credible and true.

Date and place: \_\_\_\_\_ Client's signature: \_\_\_\_\_

Filled by an investment company employee:

Signature of investment company employee: \_\_\_\_\_

Comment: \_\_\_\_\_