

Client Code: _____

Appendix 1.1

Appendix 1.1 is completed in the following cases:

- 1) By the Beneficial Owner, if other than the Client that has completed **Appendix 1 (Client Questionnaire (Natural Person))** (completion of Section A.3 of Appendix 1).
- 11) By the Administrator/Guardian/Attorney/Trustee, where the Client states in **Appendix 1 (Client Questionnaire (Natural Person))** that there is an Administrator/Guardian/Attorney acting on behalf of the Client (completion of Section B of Appendix 1).
- 111) By the Authorised Representative to administer the account of the Client and to act on behalf of the Client, where the client is a legal entity **Appendix 1 (Client Questionnaire (Legal Entity & Organisation), Section B1**.
- IV) By the Beneficial Owner for whom the Client-**Legal Entity** acts as a Trustee or Nominee Company or Administrator: **Appendix 1 (Client Questionnaire (Legal Entity & Organisation), Section B3)**.

For the purpose of offering the best possible service, protecting and promoting your interests/ the interests of the person you are representing, and in order to comply with the Laws and the Directives of the Cyprus Securities and Exchange Commission, it is highly important that you provide us with the information required in Appendix 1.1. You are kindly requested to take all necessary steps for the fullest and most accurate completion of this Questionnaire. We draw your attention to the importance of informing Argus of every change in the information provided hereunder.

It is noted that Argus shall deem that the information you have provided is correct and complete and shall rely on this information for evaluating your profile and the services to be provided.

All words denoting the singular number shall include the plural number and vice versa, all words denoting the masculine gender shall include the female gender and vice versa and all words denoting natural persons shall include legal entities and vice versa. Unless where the text otherwise provides, the terms and interpretations of the Agreement for the Provision of Investment Services shall apply to Appendix 1.1.

A. CLIENT DETAILS

Name: _____ Surname: _____

Identity Card/ Passport No.: _____ Client Code: _____

In case of a joint account, please complete the details of the second owner of the account:

Name: _____ Surname: _____

Identity Card/ Passport No.: _____ Client Code: _____

B. DETAILS OF THE BENEFICIAL OWNER, OR ADMINISTRATOR /GUARDIAN / ATTORNEY / TRUSTEE OR PERSON AUTHORISED TO ADMINISTER THE CLIENT'S ACCOUNT*

1. Natural Person

Capacity: _____

Name: _____ Surname: _____

Date of Birth: _____ Nationality: _____

Identity Card/ Passport No.: _____ Issue Country: _____

Occupation: _____ Employer*: _____

Work Address: _____ Work Tel.: _____

Home Tel. (Landline): _____ Tel. (Mobile): _____ Fax: _____

Home Address: _____ City: _____

Post Code: _____ Country: _____ Email Address: _____

Correspondence Address (if different): _____ P.O. Box: _____

City: _____ Post Code: _____ Country: _____

* If more than one person, please attach relevant statement.

* Where the Client is **Government employed or employed in a large organisation**, please mention the Ministry, Department or Service in which the person is employed.

1I. Legal Entity

Capacity: _____

Name: _____

Registered Office Address: _____

Country of Registration: _____ Registration No.: _____

Correspondence Address: _____ Post Code: _____

City: _____ P.O. Box: _____ Country: _____

Tel. No. (Landline): _____ Fax: _____ Email Address: _____

Directors: _____

B.1. PREFERRED MEANS OF COMMUNICATION:

Fax: Telephone: Email:

OTHER INFORMATION

Has a bankruptcy order or any other order ever been issued or is one pending against you regarding your financial obligations? (If yes, please provide details on a separate sheet). YES NO

Have you ever been engaged in a dispute with an Investment Firm or with a Company whose securities are listed on a market or have you ever been sanctioned by a regulatory authority in Cyprus or abroad (i.e. Securities and Exchange Commission, Central Bank)? (If yes, please provide details on a separate sheet). YES NO

Is there any additional significant information relating to your financial status or personal obligations which you would like to state? (If yes, please use space below). YES NO

C. EDUCATIONAL LEVEL, INVESTMENT EXPERTISE / KNOWLEDGE AND UNDERSTANDING OF RISK

Due to your capacity as a Beneficial Owner/Administrator/Guardian/Attorney/Trustee/Authorised Representative, the accurate and full completion of this Section is necessary in order to better ensure and promote the investment interests of the beneficial owner/person that you represent.

1. Educational Level / Professional Qualifications (please note the higher acquired level) (1.1 lower-1.4 higher)

1.1 Primary —Secondary 1.2 University Degree

1.3 Postgraduate Degree or professional qualification in non-finance related subjects 1.4 Postgraduate degree or professional qualification in finance related subjects

2. Knowledge, experience and prior investments in financial instruments and markets

Financial Instruments (F.I.)	I have the necessary experience and knowledge to understand the risks involved in	I have invested for my own account and/or on behalf of third persons on
NON-COMPLEX FINANCIAL INSTRUMENTS such as shares, bonds, debentures, UCITs.	2.1 <input type="checkbox"/>	2.2 <input type="checkbox"/>
COMPLEX FINANCIAL INSTRUMENTS such as Rights, Warrants, Options, Futures, Swaps, Forward-rate agreements and other Derivative contracts, Contracts for differences.	2.3 <input type="checkbox"/> (Mark where applicable)	2.4 <input type="checkbox"/>

If you have marked any of the above fields (2.1. —2.4.), please continue with answering the rest of the questions included in this Part

3. Overall, how would you assess your investment knowledge and experience?

- | | | |
|---|-----|--------------------------|
| Extremely limited —Little or no knowledge | 3.1 | <input type="checkbox"/> |
| Limited —I understand the basic investment principles | 3.2 | <input type="checkbox"/> |
| Average —I understand the main investment principles | 3.3 | <input type="checkbox"/> |
| Good —I understand most investment principles | 3.4 | <input type="checkbox"/> |
| Very good —I am a professional investor / frequent trader | 3.5 | <input type="checkbox"/> |

If you have never invested before neither, for own account, nor on behalf of others, please do not proceed with answering the rest of the questions included in this Part.

4. In which markets have you already invested for own account and/or on behalf of third persons? (Please mark only one answer)

Note: Please mark field 4.2 if you have invested in the Home Market/Greece and/or Developed Markets AND Emerging Markets, foreign exchange markets and markets of complex financial instruments.

- | | | |
|--|-----|--------------------------|
| Home market/ Greece and/or Developed Markets (e.g. U.S.A., Western Europe) | 4.1 | <input type="checkbox"/> |
| Emerging Markets (e.g. China, Russia), Foreign Exchange Markets and Complex Financial Instruments Markets. | 4.2 | <input type="checkbox"/> |

5. By which method(s) have you already invested for own account and/or on behalf of third persons? (mark all applicable options)

- | | | |
|--|-----|--------------------------|
| Discretionary Portfolio Management by a professional administrator | 5.1 | <input type="checkbox"/> |
| Based on investment advice I receive | 5.2 | <input type="checkbox"/> |
| Execution only, I decide on my own where to invest | 5.3 | <input type="checkbox"/> |

6. What is the value of your current investment portfolio and/or of the one you manage on behalf of third persons;

- | | | |
|--------------------|-----|--------------------------|
| Up to €0.000 | 6.1 | <input type="checkbox"/> |
| €0.001 —€200.000 | 6.2 | <input type="checkbox"/> |
| €200.001 —€500.000 | 6.3 | <input type="checkbox"/> |
| Over €500.000 | 6.4 | <input type="checkbox"/> |

7. Sources of assets/funds for the Creation of the Portfolio (Select all applicable)

- | | | |
|--|-----|--------------------------|
| Own sources or funds of third persons which you invest on their behalf | 7.1 | <input type="checkbox"/> |
| Borrowed funds | 7.2 | <input type="checkbox"/> |

8. What is the average value per transaction in relation to the transactions that you have carried out for own account and/or on behalf of third persons over the last 2 years?

- | | | |
|---|-----|--------------------------|
| 0 (I have not carried out any transactions over the last 2 years) | 8.1 | <input type="checkbox"/> |
| Up to €10.000 | 8.2 | <input type="checkbox"/> |
| €10.001 —€50.000 | 8.3 | <input type="checkbox"/> |
| €50.001 —€100.000 | 8.4 | <input type="checkbox"/> |
| Over €100.000 | 8.5 | <input type="checkbox"/> |

9. How many transactions on Financial instruments have you carried out on average, on an annual basis for own account and/or on behalf of third persons over the last 2 years?

- | | | |
|--|-----|--------------------------|
| 0 (I have not effected any transactions over the last 2 years) | 9.1 | <input type="checkbox"/> |
| Less than 10 | 9.2 | <input type="checkbox"/> |
| 10 —50 | 9.3 | <input type="checkbox"/> |
| 50 —100 | 9.4 | <input type="checkbox"/> |
| More than 100 | 9.5 | <input type="checkbox"/> |

Financial Instruments appropriate for the person's investment knowledge and experience.

If any of the fields 2.1 –2.4. in Part C have been marked, please proceed with the rating of the person's answers.

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RATING OF PERSON'S KNOWLEDGE AND EXPERIENCE (Section C)									
<u>Questions</u>									
Answers	1	2	3	4	5	6	7	8	9
1	5	7	0	2	2	1	2	0	0
2	10	5	2	4	4	2	4	1	1
3	15	10	5		8	3		2	2
4	20	13	7			4		3	3
5			15					4	4
Total									
TOTAL RATING									
Financial Instruments appropriate in relation to the person's knowledge and experience (Please circle)				Non-complex Financial Instruments (5 - 55)			Complex and Non-complex Financial Instruments (56 - 100)		

CHECKED BY: _____ SIGNATURE _____ DATE: __/__/____

D. PERSON'S CATEGORISATION

Pursuant to the relevant legislation: -

1. A "Retail Client" is a client that is neither a professional investor nor an eligible counter party.
11. A "Professional Client" is a client who possesses the experience, knowledge and expertise to make its own investment decisions and properly assess the risks that it incurs.

PERSON'S CATEGORISATION		
➔ In accordance with the information provided and the provisions of the relevant legislation you are CATEGORISED as the equivalent of:		
RETAIL CLIENT <input type="checkbox"/>	PROFESSIONAL CLIENT <input type="checkbox"/>	
CHECKED BY: _____ <small>(Argus's Officer)</small>	_____ <small>NAME</small>	_____ <small>SIGNATURE</small>
		DATE: ____/____/____

ATTENTION: The protection afforded by the conduct of business rules, shall be based on the categorisation resulting from the completion of Appendix 1 (Client's Questionnaire), either for a natural person or legal entity. It is provided that, if the categorisation resulting from this Appendix 1.1., corresponds to the one of a "Retail Client", the protection afforded, shall be the one provided in the conduct of business rules for "Retail Clients" irrespective of the categorization resulting from Appendix 1 (Client's Questionnaire).

E. IMPORTANT NOTES

If you have completed and signed more than one questionnaire to Argus, with regard to the same service, the one with the most recent date shall be considered to be the valid one as of the date it is signed.
 If you fail to provide all the required information regarding yourself, this may affect Argus's ability to act in your best interests or in the interests of the person you represent.
 We hereby inform you that your personal data shall be kept and processed pursuant to the provisions of the relevant Regulation.
 You must notify Argus in writing immediately when there has been a change in you contact details and other personal data you have provided with, for the provision of services to the person you represent.

 Should you have any queries or need any further information/clarifications on the above, please contact Argus's Client Services Department on:
 (i) Tel. +357 22 717000. Fax: +357 22717070, (ii) Email: argus@argus.com.cy

F. PERSON'S DECLARATION

I DECLARE THAT I UNRESERVEDLY ACCEPT THE FOLLOWING:

- i. I have carefully read the content of this Questionnaire and I have provided the relevant information regarding myself and I hereby declare and warrant that these are true and correct.
- ii. I have attached all required documentation of identity and these are genuine and legitimate or Certified Copies and their content is true and correct.
- iii. Argus shall have no liability in case I have omitted to provide any relevant or essential required information.
- iv. I undertake to notify Argus in writing immediately in case of changes that may affect the details that I have provided in relation to the Agreement and/or the Questionnaire.

The Parties

SIGNATORIES	Signature and Company Seal	Date
1. Full name: _____ Identification Card/ Passport number or Company's Reg. no.: _____ Capacity of the Signatory: _____ For and on behalf of Legal Entry: _____	_____ _____	____/____/____ ____/____/____
2. Full name: _____ Identification Card/ Passport number or Company's Reg. no.: _____ Capacity of the Signatory: _____ For and on behalf of Legal Entry: _____	_____ _____	____/____/____ ____/____/____

For and on behalf of **ARGUS**

Signature

Position: **Managing Director**

Name: **Andri Tringidou**

DATE: ____/____/____

WITNESSES	Signature	Date
<u>For the Client</u>		
1. Full Name: _____ Identification Card / Passport no.: _____ Address: _____	_____ _____	____/____/____ ____/____/____
<u>For Argus</u>		
2. Full Name: _____ Identification Card / Passport no.: _____ Address: _____	_____ _____	____/____/____ ____/____/____

FOR ARGUS USE ONLY –IDENTITY VERIFICATION OF CLIENTS REPRESENTATIVE

Original documents or true copies to be attached to the Agreement.

ATTACHED EVIDENCE OF IDENTITY OF THE CLIENTS REPRESENTATIVE

- (a) Identification card (Republic of Cyprus) or passport (for non-residents of Cyprus).
- (b) Recent utility bill (not older than 6 months) of CYTA or Cyprus Electricity Authority or any other document issued and received by a reliable and independent source confirming the PERMANENT residential address.
- Other: _____

I have checked all the evidence of identity of the Client's Representative in accordance with the established procedures and I have been satisfied that the Client's Representative is the person who is claiming to be.

CHECKED BY: _____ **DATE:** __/__/____

(Argus Officer) FULL NAME SIGNATURE