

CLIENT CATEGORISATION

For the purpose of providing good service, protection and promotion of your interests, it is important for you to provide us with the necessary information data regarding yourself. Please take all steps to complete, as clearly and accurately as possible, this questionnaire.

This questionnaire aims at categorizing you as a Retail Client, Professional Client or Eligible Counterparty in accordance with the provisions of the Investment Services and Activities and Regulated Markets Law of 2017 (Law 87(I)/2017).

CLIENT DETAILS			
Name:	me: Identity card / Passport / Registration No.:		
CLIENT CATEGORISATION			
PLEASE STATE IF ANY OF THE DESCRIPTIONS BELOW APPLIES TO YOU (MARK WHAT IS APPLICABLE):			
Entity which is required to be authorized or regulated to operate in the financial markets, such as: (a) Credit Institution (b) Investment Firm(c) Other authorized or regulated financial institution (d) Insurance company (e) Collective investment scheme and management company of such scheme (f) Pension fund and management company of such fund (g) Commodity and commodity derivatives dealer (h) Locals(i) Other institutional investor			
Large undertaking meeting two of the following size requirements, on a company basis: (a) □ balance sheet total at least Euro 20.000.000 (b) □ net turnover at least Euro 40.000.000 (c) □ own funds at least Euro 2.000.000			
National and regional governments, public bodies that manage public debt, central banks, international and supranational institutions such as the World Bank, the International Monetary Fund, the European Central Bank, the European Investment Bank and other similar international organizations.			
Other institutional investors whose main activity is to invest in financial instruments, including entities dedicated to the securitization of assets or other financing transactions.			
None of the above is applicable.			
CLIENT DECLARATION			
I/WE HEREBY DECLARE THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE KAI UNDERTAKE TO PROVIDE SUPPORTING ORIGINAL DOCUMENTATION TO VERIFY THE ABOVE. I/WE ALSO UNDERTAKE TO INFORM CISCO IMMEDIATELY OF ANY CHANGES THAT MAY HAVE AN EFFECT ON MY/OUR CLASSIFICATION.			
Authorized Signatory(ies):		Signature	Date
 Name: Identity Card / Passport No.: Name: Identity Card / Passport No.: 			
FOR CISCO USE ONLY			
IN ACCORDANCE WITH THE INFORMATION SUPPLIED AND THE PROVISIONS OF THE RELEVANT LEGISLATION, THE CLIENT HAS BEEN CATEGORISED AS:			
RETAIL CLIENT	RETAIL CLIENT PROFESSIONAL CLIENT ELIGIBLE COUNTERPARTY		
CATEGORISATION BY:	NAME	SIGNATURE	DATE://
CHECKED BY:	NAME	SIGNATURE	DATE://
COMMENTS:			