

CLIENT QUESTIONNAIRE

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 in order to complete this questionnaire <u>fully</u> and <u>precisely</u>.

A. CLIENT DATA				
NATURAL PERSON				
Name:	Surname:		Father's Name:	
Date and Place of Birth:			<u> </u>	
Nationality:				
Identity Card Number (for Cypriot citizens):			Identity Card's Expiry Date:	
Passport Number and Country of Issue:			Passport's Expiry Date:	
Duefession and Fundamenta Names		NA: t-al Ct-at	No. Of Donor donter	
Profession and Employer's Name:		Marital Status:	No. Of Dependents:	
Home Address:				
Work Address:				
Correspondence Address:				
☐ Home ☐ Work ☐ Other (please specify):				
Home telephone number:	Work telephone	e number:	Mobile number:	
Fax:	E-mail:			



Country of tax residence:			
□ Cyprus □ USA □ Other (please specify):			
Tax Identification Number:			
B. ATTACHMENTS			
Please attach to this questionnaire, the following documents:			
 (a) True copy* of the Identity Card and Passport (for Cypriot citizens) or Passport (for foreigners). (b) True copy* of a utility bill account (such as Electricity Authority or Telecommunications Authority) or other document to our satisfaction confirming your permanent address. The utility bill account should not be older than 6 months. 			
* True copies are accepted only when these are certified by an employee of CISCO or the Bank of Cyprus.			
Provided that the above documents are not exhaustive and we may require additional documents where this shall be deemed necessary or becomes necessary pursuant to legislation / regulations / directives.			
C. CLENT'S DECLARATION			
I confirm that I have read carefully the content of this questionnaire and that I have provided all the required information which concerns me and I hereby declare and confirm that this is true and correct and that I have not withheld any relevant or substantial information. Further, I undertake to inform you immediately in writing of any change of this information.			
I confirm that I have delivered all that is required in accordance with Part B above and that these are genuine and authentic and their contents are true and correct.			
Full name:			
Signature:			
Date:			