

THIS AGREEMENT IS MADE TODAY __ / __ / 20__

Client's Code:

Between **Argus Stockbrokers Ltd**, Company Registration No. 108270, having its registered office at 25, Demosthenis Severis Ave., Metropolis Towers, 1st & 2nd Floor, 1080 Nicosia, Cyprus (hereinafter called "Argus"), carrying on business in accordance with the Law on the one part, and
Mr/Ms/Messrs

with Identification Card / Passport) _____, Address

Contact telephone number _____ Fax number _____

Email address _____

which shall be collectively referred to as the "Parties" and individually as the "Party" to the Agreement)

WHEREAS

A. Argus is a Cypriot Investment Firm (CIF) and pursuant to its CIF license no. 010/03 granted to it by the Cyprus Securities and Exchange Commission, it has the right to provide Investment and Ancillary Services in Financial Instruments,

B. The Client wishes to make use of the services provided by Argus and, specifically, of the Investment Services and other services noted in **Section F, Appendix 1** with regards to Financial Instruments, having completed for this purpose all relevant sections in **Appendix 1**, which is attached as an integral part of the Agreement,

C. Argus has proceeded with the evaluation of the suitability of the Financial Instruments in relation to the Client's knowledge and investing experience.

NOW BY THIS AGREEMENT THE PARTIES AGREE AS FOLLOWS:

- i. Argus agrees to provide to the Client and the Client wishes to be provided with the Investment Services noted in **Section F, Appendix 1**, and any other additional Appendices. **Section F, Appendix 1**, as well as any other of the Appendices of the Agreement, may be amended at any time during the life of the present Agreement and any such amendment shall not affect any other terms of this Agreement.
- ii. For purposes of provision of the Investment Services and other services, the Client agrees and undertakes to provide Argus with any securities or assurances that may be agreed between the Client and Argus. Should the provision of securities or assurances by the Client be agreed between the Parties, on a separate agreement, Argus is entitled to consider the provision of such securities or assurances as a condition precedent to the provision of the Investment Services and other services.
- iii. The Client agrees that the Services will be provided in accordance to the **TERMS AND CONDITIONS** of the Agreement which shall be an integral part of it and its **Appendices**. Furthermore, the **Appendices** and the **Politically Exposed Persons Document**, provided that they are signed, shall become integral parts of the Agreement from the date of their full signature. Condition Precedent for the coming into effect of the Agreement, constitutes the completion in full and signature of the Parties of the **Appendices 1 and 2**, and of **Appendix 1.1**, and the **Politically Exposed Persons Document**, if applicable.
- iv. With the signature of the present Agreement, the Parties agree that Argus shall provide to the Client, as a minimum, the following Investment Services:
 - (1) Service of Reception and Transmission of Orders, for the performance of transactions in relation to one or more Financial Instruments.
 - (2) Service of Execution of orders on behalf of clients, for the performance of transactions in relation to one or more Financial Instruments.
- v. For the provision of additional Investment Services and other services, provided that this is accepted by Argus, the Parties must select the additional Investment Services and other services in **Section F, Appendix 1**, and sign the relevant Appendices set out below:
 1. For the provision of the Service of Investment Advice, **Appendix 3**, shall be signed.
 2. For the provision of the services of Facilities for the Electronic Transmission of Orders, **Appendix 4** shall be signed.
 3. For the provision of the Service of Discretionary Portfolio Management, **Appendix 5** shall be signed.
- vi. The provision of the additional Investment Services and other services, shall be governed by the Agreement and by the terms of the relevant Appendix. The Appendices shall be attached to the Agreement and shall constitute an integral part of it from the date of their signature by both Parties. Where there is a conflict between the terms of the Appendices and the terms of the rest of the Agreement or other Appendices with regards to the Investment or other services relating to each Appendix, the terms of the Appendix relating to the specific Investment Service or other service, shall prevail.

vii. The Client solemnly declares that:

- (1) he has perused and fully understood the whole content of the **TERMS AND CONDITIONS** and the relevant Appendices of the Agreement, with which he absolutely and unreservedly agrees and he accepts that he shall be fully bound by them,
- (2) he has received a copy of the **TERMS AND CONDITIONS** of the Agreement and the relevant Appendices prior to the date of the signature of the Agreement and has had the opportunity to receive advice from a lawyer of his choice.

This Agreement has been made in one original which is retained by Argus and the Client is being given a certified copy of it. The Parties have signed this Agreement on the date specified below.

The Parties

SIGNATORIES	Signature	Date
1. Full Name: _____ Identification Card / Passport no.: _____	_____ _____	____/____/____ ____/____/____
2. Full Name: _____ Identification Card / Passport no.: _____	_____ _____	____/____/____ ____/____/____

For and on behalf of **ARGUS**

Signature

Position: **Managing Director**

Name: **Andri Tringidou**

DATE: ___/___/_____

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

APPENDIX 1
CLIENT QUESTIONNAIRE (NATURAL PERSON)

For the purposes of offering you the best possible service, protection and promotion of your interests, and in order to comply with the Law and the Directives of the Cyprus Securities and Exchange Commission and the Prevention and Suppression of Money Laundering Activities Law 188(I)/2007 as amended, it is highly important that you provide us with the necessary information regarding yourself. 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.

A. CLIENT DETAILS

Name: _____ Surname: _____
 Previous Names / Surnames: _____ Father's Name: _____
 Date of Birth: _____ Identity Card/ Passport No.: _____
 Country of Issue: _____ Nationality: _____ Country of Birth: _____
 Occupation: _____ Employer*: _____ City of Birth: _____
 Work Address: _____ Work Tel.: _____
 Home Tel. (Landline): _____ Tel. (Mobile): _____ Fax: _____
 Home Address : _____ City: _____
 Post Code: _____ Country: _____ Email Address: _____
 General Correspondence Address (if different): _____ P.O. Box: _____
 City: _____ Post Code: _____ Country: _____

If the Services shall be provided to a second person jointly with the first, the following must be completed:

Name: _____ Surname: _____
 Previous Names / Surnames: _____ Father's Name: _____
 Date of Birth: _____ Identity Card/ Passport No.: _____
 Country of Issue: _____ Nationality: _____ Country of Birth: _____
 Occupation: _____ Employer*: _____ City of Birth: _____
 Work Address: _____ Work Tel.: _____
 Home Tel. (Landline): _____ Tel. (Mobile): _____ Fax: _____
 Home Address : _____ City: _____
 Post Code: _____ Country: _____ Email Address: _____
 General Correspondence Address (if different): _____ P.O. Box: _____
 City: _____ Post Code: _____ Country: _____

* Where the person is **Government employed or employed in a large organisation**, please state the Ministry, Department or Office in which the person is employed.

A.1. PREFERRED MEANS AND MODES OF COMMUNICATION IN A DURABLE MEDIUM FOR CONTRACT NOTES, ACCOUNT STATEMENTS AND COMPANY POLICY:

Fax: Postage: Email:
 Specifically, in relation to the dispatch of contract notes, by accessing a specific webpage through the use of an account password
 I do not accept to be informed regarding the executed transactions via SMS
 I do not accept to receive informative material on products and services

A.2. ADDITIONAL CLIENT DETAILS WHERE THE CLIENT'S HOLDS OR HAS HELD A SIGNIFICANT PUBLIC FUNCTION

If you hold or have held, over the last 12 months a significant public function (i.e.: minister, member of Parliament, Member of the Board of a Regulator Authority) or you are a close associate of such person, mark this field.

⇒ If you have marked the above field, it is necessary to complete the document on **Politically Exposed Persons**.

A.3. BENEFICIAL OWNER OTHER THAN THE CLIENT

Please note whether the **Beneficial Owner** is other than the Client that completes Appendix 1. A **Beneficial Owner** is any natural person or persons that ultimately owns or controls the Client and/or the natural person on whose behalf the services shall be offered and/or the transactions shall be effected.

⇒ If you have marked the above field, the **Beneficial Owner** should complete **Appendix 1.1**.

B. DETAILS OF ADMINISTRATOR / GUARDIAN / CLIENT'S ATTORNEY / TRUSTEE, ACTING ON BEHALF OF THE CLIENT

Any persons that fall in the above categories should complete Appendix 1.1

I. Natural Person

Capacity: _____

Name: _____

Surname: _____

Date of Birth: _____

Identity Card/ Passport No.: _____

II. Legal Entity

Capacity: _____

Name: _____

Registration Number: _____

III. ATTENTION: Please apply accordingly:

1. Where there is a **Client's Attorney**, a Power of Attorney Document should be attached in original form or certified copy from a competent authority.
2. Where there is a **Trustee**, a relevant Trust Deed should be attached in original form or certified copy from a competent authority.

Relationship of Guardian with Client: _____

Relationship of Attorney with the Client: _____

C. CLIENT'S INVESTMENT PROFILE

ATTENTION: Questions of Part C.1 are mandatory. Where questions of Part C.2 are not answered, Argus shall not provide the Services of Investment Advice or Discretionary Portfolio Management.

C.1. CLIENT'S FINANCIAL CONDITION

1. Please indicate your personal gross annual income or your household income (where applicable).

1.1. Up to €25.000

1.4. €100.000 - €200.000

1.2. €25.000 - €50.000

1.5. > €200.000

1.3. €50.000 - €100.000

Please indicate the principal sources of your annual income (e.g. salary, rents receivable, investments):

2. What percentage of your monthly income (or your household's income, where applicable) corresponds to the expenses required to cover your personal/family financial obligations?

2.1. Up to 25%

2.4. 75% - 100%

2.2. 25% - 50%

2.5. Over 100%

2.3. 50% - 75%

Please inform regarding your monthly, regular financial obligations (e.g. rent, loan repayment or installments, insurance premium, personal/family expenses).

3. How many persons besides yourself are financially dependent on your income (including spouse)?

- | | | | |
|------------------|--------------------------|-----------|--------------------------|
| 3.1. More than 4 | <input type="checkbox"/> | 3.3. 1-2 | <input type="checkbox"/> |
| 3.2. 3-4 | <input type="checkbox"/> | 3.4. None | <input type="checkbox"/> |

4. What is, approximately, the net value of your assets? (Assets value less liabilities)?

- | | | | |
|--------------------------|--------------------------|---------------------------|--------------------------|
| 4.1. Up to €50.000 | <input type="checkbox"/> | 4.4. €200.000 - € 500.000 | <input type="checkbox"/> |
| 4.3. €50.000 - €100.000 | <input type="checkbox"/> | 4.5. <€500.000 | <input type="checkbox"/> |
| 4.4. €100.000 - €200.000 | <input type="checkbox"/> | | |

5. What percentage of your assets are readily liquid (i.e. securities, fixed term deposits, bonds)?

- | | | | |
|------------|--------------------------|------------|--------------------------|
| 5.1 0 – 25 | <input type="checkbox"/> | 5.3 51-75 | <input type="checkbox"/> |
| 5.2 26-50 | <input type="checkbox"/> | 5.4 76-100 | <input type="checkbox"/> |

Investment Time Horizon

6. What is your time horizon for the achievement of your investment objectives?

- | | | | |
|-----------------------|--------------------------|----------------------|--------------------------|
| 6.1 More than 7 Years | <input type="checkbox"/> | 6.4 1-3 Years | <input type="checkbox"/> |
| 6.2 5-7 Years | <input type="checkbox"/> | 6.5 Less than 1 Year | <input type="checkbox"/> |
| 6.3 3-5 Years | <input type="checkbox"/> | | |

Anticipated account turnover

The funds that you consider investing in the first six months following the activation of your trading account are:

- | | | | |
|---------------------|--------------------------|----------------------|--------------------------|
| • Up to €5.000 | <input type="checkbox"/> | • €50.000 - €150.000 | <input type="checkbox"/> |
| • €5.000 - €15.000 | <input type="checkbox"/> | • Over €150.000 | <input type="checkbox"/> |
| • €15.000 - €50.000 | <input type="checkbox"/> | | |

OTHER INFORMATION

Has a bankruptcy or any other order ever been issued or is still 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 circumstances you would like to state? (If yes, please use space below). YES NO

C.2. INVESTMENT PROFILE / COMPREHENSION OF PERFORMANCE AND RISK

7. According to your expectations, what is the maximum annual fluctuation of your portfolio's performance you would be willing to accept, assuming that the initial investment is €100.000?

- | | |
|---|--|
| 7.1 €94.000 - €106.000 (± 6%) <input type="checkbox"/> | 7.4 €65.000 - €135.000 (± 35%) <input type="checkbox"/> |
| 7.2 €88.000 - €112.000 (±12%) <input type="checkbox"/> | 7.5 €50.000 - €150.000 (± 50%) <input type="checkbox"/> |
| 7.3 €75.000 - €125.000 (±25%) <input type="checkbox"/> | |

8. Which of the following statements would best represent your reaction if the value of your portfolio should be reduced by 15%?

- | | |
|--|--------------------------|
| 8.1 Very concerned, as I cannot accept any decrease in the value of my portfolio. | <input type="checkbox"/> |
| 8.2 Worrying, although the investment was done for the purpose of obtaining an income. | <input type="checkbox"/> |
| 8.3 Not at all concerned, provided that the income remains unaffected and the long term prospects of the portfolio remain positive. | <input type="checkbox"/> |
| 8.4 I accept temporary changes due to market fluctuations. | <input type="checkbox"/> |
| 8.5 Indifference, because I invest in view of long term return on capital. | <input type="checkbox"/> |

Investment Objectives

9. What are your expectations regarding your portfolio's average annual performance?

- | | |
|---|---|
| 9.1 + 6% <input type="checkbox"/> | 9.4 + 25% <input type="checkbox"/> |
| 9.2 + 10% <input type="checkbox"/> | 9.5 + 35% <input type="checkbox"/> |
| 9.3 + 15% <input type="checkbox"/> | |

10. Which of the following statements do you consider that best reflects the investment method you would like to be utilized in order to reach your objectives?

- | | |
|---|--------------------------|
| 10.1 The primary objective should be to secure the value of my portfolio with the largest part of my capital to remain in low- risk investments. | <input type="checkbox"/> |
| 10.2 The investment must be low-risk but should be able to offer income (i.e. dividends, interest). | <input type="checkbox"/> |
| 10.3 The primary objective is for the investment to be capable of producing income. Return on capital is a secondary target. | <input type="checkbox"/> |
| 10.4 The investment must aim at return on capital but should also offer some income. | <input type="checkbox"/> |
| 10.5 The investment must aim at increased return on capital. If this can be achieved then there is no need for income. | <input type="checkbox"/> |

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

The accurate and full completion of this Section is necessary for us in order to assess the appropriateness of the financial instruments and offered Services with your investment objectives, conditions, experience and knowledge. If a person is authorised to act on your behalf (as stated in Section B of the Questionnaire), he must complete **APPENDIX 1.1**.

1. Educational Level / Professional Qualifications (Please note the higher acquired level)

(1.4 higher-1.1 lower)

- | | | | |
|--------------------------|--------------------------|---|--------------------------|
| 1.1. Primary – Secondary | <input type="checkbox"/> | 1.3 Postgraduate Degree or professional qualification
In non-finance related subjects | <input type="checkbox"/> |
| 1.2 University Degree | <input type="checkbox"/> | 1.4 Postgraduate degree or professional qualification
in finance related subjects or employment for the
past 5 years in a position requiring financial knowledge | <input type="checkbox"/> |

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

<u>Financial Instruments (F.I.)</u>	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"/> (Mark where applicable)
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"/>	2.4 <input type="checkbox"/>

If you have marked any of the above fields field (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 an investment professional / frequent trader | 3.5 <input type="checkbox"/> |

! In case you have never invested before, neither for own account, nor on behalf of others, please do not answer 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. US, 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 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 €50.000 | 6.1 <input type="checkbox"/> |
| €50.001 – €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 Investment 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 carried out 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"/> |

FOR ARGUS USE ONLY
RATING OF CLIENT'S INVESTMENT PROFILE (Part C)
Questions

Answers	1	2	3	4	5	6	7	8	9	10
1	1	9	1	2	4	0	1	0	2	0
2	2	7	2	4	6	2	4	4	6	2
3	3	5	4	6	8	3	7	8	8	5
4	4	3	6	8	10	5	9	10	10	9
5	6	1		10		9	13	12	12	13
Total										

TOTAL RATING

C1. Client's Financial Condition (Ability) (Questions: 1-6)			C2. Comprehension of performance and risk (Willingness) (Questions: 7-10)		
Client's Investment Profile as deducted from Questions 7-10 (Please circle)			Conservative (3-20)	Balanced (21-40)	Aggressive (41-50)

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

If the Client has marked any of the above fields (2.1 – 2.4), please proceed with the rating of the Client's answers to questions 3-9.

RATING OF CLIENT'S KNOWLEDGE AND EXPERIENCE (Part D)
Questions

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 Client's knowledge and experience (Please circle)	Non-complex Financial Instruments (5-55)	Complex and Non-complex Financial Instruments (56 - 100)
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E. CLIENT CATEGORISATION

Your categorisation, and, consequently, your level of your protection, -such as whether you shall be entitled to the payment of compensation from the Investor Compensation Fund-, will be determined pursuant to the answers and information you shall provide in this Part.

Pursuant to the relevant legislation:-

I. 'Retail Client' is a client that is not a professional client

II. '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. A professional client is a Per Se professional Client or Elective Professional Client.

NOTE: With regard to Natural persons, for a Client to be categorised as a 'Professional Client', he should be Commodity and commodity derivatives dealers or an institutional investor.

CLIENT CATEGORISATION AND INVESTMENT PROFILE

⇒ In accordance with the information provided by the Client and the provisions of the relevant legislation, the Client is **CATEGORISED** as a:

RETAIL CLIENT
 PROFESSIONAL CLIENT
 ELIGIBLE COUNTERPARTY

⇒ In accordance with the information provided to Argus, the Client's INVESTMENT PROFILE is:

Conservative
 Balanced
 Aggressive

CHECKED BY: _____ DATE: ___/___/____

(Argus Officer) FULL NAME SIGNATURE

Request for a different client treatment (As a professional client or Non Professional) :

In case you have been categorised as a RETAIL CLIENT:

- i. but wish to be treated as a PROFESSIONAL CLIENT, or
- ii. your circumstances may change in the future and on the basis of the new set of facts, you wish to be treated as a PROFESSIONAL CLIENT, you must notify Argus in writing on your request to be treated as a PROFESSIONAL CLIENT.

In accordance with the Law, in order to allow clients-Natural persons to waive part of their protection and be treated as PROFESSIONAL CLIENTS, an appropriate assessment must take place. In this assessment, the Client should satisfy at least two of the following three criteria:

- I. To possess significant financial knowledge and expertise or to possess or to have possessed an executive position in a regulated investment firm or bank;
- II. To have carried out transactions of significant size on the same financial instruments at an average frequency of ten (10) transactions per quarter over the previous four quarters;
- III. To possess a financial instrument portfolio including cash deposits and financial instruments of at least €500.000.

A Professional Client has the right to request not to be treated as a professional client and Argus may accept to provide him with a higher level of protection. In case you have been categorised as a PROFESSIONAL CLIENT but wish not to be treated as a PROFESSIONAL CLIENT by Argus, you may communicate your request by marking with X the field below:

I hereby request that the rules of professional conduct that govern the relationship of Investment Firms and **RETAIL CLIENTS** be applied in my case. I declare that I understand the consequences of not being treated as a Professional Client by Argus.

It is noted that, in accordance with the Law, the highest level of protection shall be offered if the Client which is deemed to be a professional client, enters into a written, separate agreement with Argus to the effect that it shall not be treated as a professional client for the purposes of the applicable conduct of business rules.

F. SERVICES IN FINANCIAL INSTRUMENTS

Please mark with an X the investment and other services you wish to be provided with by Argus:

SERVICES PROVIDED				
	Reception & Transmission of orders in relation to one or more financial instruments	Execution of orders on behalf of clients	Investment Advice	Asset Management Services
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> Appendix [...] must be signed	<input type="checkbox"/> Appendix [...] must be signed.
Shares and bonds	<input type="checkbox"/> CSE <input type="checkbox"/> ASE <input type="checkbox"/> Foreign Markets	<input type="checkbox"/> Regulated Markets, where ARGUS is a member	<input type="checkbox"/> CSE <input type="checkbox"/> ASE <input type="checkbox"/> Foreign Markets	<input type="checkbox"/> CSE <input type="checkbox"/> ASE <input type="checkbox"/> Foreign Markets
Mutual Funds	<input type="checkbox"/> ASE <input type="checkbox"/> Foreign Markets	<input type="checkbox"/> Regulated Markets, where ARGUS is a member	<input type="checkbox"/> ASE <input type="checkbox"/> Foreign Markets	<input type="checkbox"/> ASE <input type="checkbox"/> Foreign Markets
Derivative Products	<input type="checkbox"/> ADEX <input type="checkbox"/> Foreign Markets	<input type="checkbox"/> Regulated Markets, where ARGUS is a member	<input type="checkbox"/> ADEX <input type="checkbox"/>	<input type="checkbox"/> ADEX <input type="checkbox"/>
Contracts For Differences (CFD's)	<input type="checkbox"/> Foreign Markets		<input type="checkbox"/> Foreign Markets	<input type="checkbox"/> Foreign Markets
Foreign Exchange Derivative Products & Foreign Exchange	<input type="checkbox"/> Foreign Markets		<input type="checkbox"/> Foreign Markets	<input type="checkbox"/> Foreign Markets

 Facilities for the Electronic Transmission of Orders (choose) - Appendix 4 must be signed.

Electronic Platforms:
 ARGUS Online Trader CSE and ASE

 XNET

 ARGUS Global Trader

 ADEX Platform

¹ If you have selected Argus Global Trader, you acknowledge and agree with the terms of business applicable that are available on the Company's website

If you have selected ARGUS Global Trader, please complete the following (optional):

I/We the undersigned _____
 with this power of attorney authorise ARGUS Stockbrokers Ltd (ARGUS) Reg. Number HE108270, registered office at 25 D. Severis Ave., Metropolis Tower, 1st and 2nd Floor, 1080 Nicosia and CIF licence No. 010/2003, that can represent and act on my/our behalf for the below:

1. Sign any documents for the settlement of any debits and/or credits in my/our ARGUS Global trader account for the execution of mine/our orders.
2. Manage and/or operate my/our ARGUS Global Trader account with the purpose of force liquidation or close of the position to cover any negative balances that might be occur due to inability of immediate cover of those on my/our behalf or because of margin calls with deposits of additional cash after acknowledgement from Argus.

I/We declare that I/we am/are liable to acknowledge any transactions made in accordance with this power of attorney.

SIGNATORIES	Signature	Date
2. Full Name: _____ Identification Card / Passport no.: _____	 _____	____/____/____
2. Full Name: _____ Identification Card / Passport no.: _____	_____	

G. BASIC INFORMATION

I. BEST EXECUTION POLICY

I confirm that I have carefully read and understood the content of the Order Execution Policy of Argus (the 'Policy'). I accept the terms described in the aforementioned Policy and accept that this Policy shall be applied by Argus in the execution of my orders for the effecting of transactions in Financial Instruments.

Please note that Argus may be unable to execute your orders in case you do not agree with the aforementioned policy.

II. ACCEPTANCE OF POLICIES AND OTHER DOCUMENTS AND TERMS

I confirm that I have received, read and fully understood the content of the documents listed below. I accept the terms stated in these documents and accept that the policies described therein, shall be applied by Argus in relation to the provision of the Services.

1. Terms & Conditions
 2. Order Execution Policy
 3. Conflicts of Interest Policy
 4. Client Categorization Policy
 5. Complaints Handling Policy & Form
 6. Privacy Policy & General Data Protection Notice
 7. MIFID II Information Document succinctly stating the Policies of Argus in relation to the provision of investment services and related matters
- These documents are posted on Argus's website and I accept that they may be amended from time to time and that Argus shall inform me on every amendment either through direct communication or through posting the amended document on its website.**

III. CONSENT TO THE EFFECTING OF TRANSACTIONS OUTSIDE A REGULATED MARKET OR A MULTILATERAL TRADING FACILITY

I agree and acknowledge that Argus may:

1. Execute an order on my behalf outside a Regulated Market or a Multilateral Trading Facility as these terms are defined in the Law.
2. Act on its sole discretion on whether it shall publicize any non-executed limit order under the existing market conditions.

Please note that Argus may be unable to execute your transactions in case you do not agree with the above.

IV. FATCA Status Confirmation²

1. Are you a US resident for tax purposes?
 Yes (If yes, please state your US TIN) **No**

Please complete the certification of your status: Form W-8ben

² Please find a glossary of FATCA terms in the following link: [FATCA Glossary](#)

V. CRS- Common Reporting Standard Compliance³

I hereby certify that I am a resident of [please state Country]
 for tax purposes and my Tax identification number (TIN) is

Please indicate all countries that you are tax resident

Tax Country	Tax Identification Number - TIN	Social Insurance Number (if TIN is unavailable)	When TIN is not provided then please justify A, B, or C

Justification A: The tax country does not issue TIN

Justification B: The account holder is not able to obtain TIN please explain below:

Justification C: No TIN needed

H. 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 only 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 and precludes the provision of investment advice to you. If you have not provided all the required information regarding yourself, due to the risks and the characteristics of the intended transactions, you hereby confirm to Argus that although you are not providing all information regarding yourself and despite the risks involved, you nevertheless wish to proceed with the execution of transactions.
- You are hereby informed that your personal data shall be kept and processed pursuant to the provisions of the relevant legislation.
- You are obliged to notify Argus in writing immediately after there has been a change in your contact details and other personal data you have provided Argus with, in relation to the provision of Services and facilities.
- In order for a trading account to be activated, all documents required by the relevant stock exchange or market or other service providers that may be related to or necessary for the provision of Services by Argus, must be fully completed and submitted. may be related to the provision of services by Argus, should be completed and submitted.

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

³ Please find a glossary of CRS terms in the following link: [CRS Glossary](#)

J. CLIENT'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 studied and have fully understood the above stated in Sections (E) and (G) of the Questionnaire and I accept them unreservedly. I further accept that the policies and documents referred to in Section (G) may be amended from time to time.
- iii. I have attached all required client identification documentation and these are genuine and legitimate or Certified Copies and their content is true and correct.
- iv. Argus shall have no liability in case I have omitted to provide any relevant or essential information required.
- v. I undertake to notify Argus in writing immediately in case of changes that may affect either the details that I have provided in relation to the Agreement and/or the Questionnaire, or any rating I have received in the context of the Agreement and/or the Questionnaire.
- vi. I have received a copy of Appendix 1 prior to its signature and I had the opportunity to consult an Attorney of my choice.

SIGNATORIES	Signature	Date
1. Full Name: _____ Identification Card / Passport no.: _____	_____	____/____/____
2. Full Name: _____ Identification Card / Passport no.: _____	_____	____/____/____

For and 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 – CLIENT IDENTITY VERIFICATION

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

I. CLIENT'S IDENTIFICATION DOCUMENTATION ATTACHED

The following Certified Documents have been attached to the Agreement

- (a) Copy of Identification card (Republic of Cyprus) or passport (for non-residents of Cyprus).
- (b) Copy of Identification card or passport of Attorney/Trustee (if applicable).
- (c) Power of attorney document for the representation of the Client (if a representative is appointed).
- (d) A recent utility bill (not older than 6 months) or any other document issued or provided by a reliable and independent source confirming the PERMANENT address of the Client and of the administrator/guardian/representative/trustee (if applicable).

In case of appointment of an Administrator over the Client's assets:

- (a) Court order appointing the Administrator.
- (b) Application to the Court for the appointment of Administrator and accompanying affidavit.
- (c) Death Certificate.
- (d) Copy of Identification card of Administrator.
- (e) Tax exemption certificate.

In case of appointment of a Guardian:

- (a) Court order appointing the Guardian.
- (b) Copy of Identification card of Guardian.
- (c) Birth certificate of the minor.
- Other: _____

II. CLIENT CATEGORISATION BASED ON THE ASSESSMENT OF RISK IN RELATION TO THE PREVENTION OF THE CONCEALMENT OF PROCEEDS OF CRIME

As a result of the information provided and the operation of the provisions of the applicable legislation, the Client is categorized as a:

- High Risk** client and enhanced due diligence measures have had to be taken for the Client.
 - **The Client is a Politically Exposed Person (PEP)** since he replied positively to the relevant question in Section A.2.
- Low Risk** client and simplified due diligence measures were applied for the Client.
- Normal Risk** client.
- The Client falls into a category which is **not acceptable for the establishment of business relationships**.

Please state the reason why the Client was categorized as high or low risk, e.g. the Client is permanently residing abroad and was not present for the verification of his identity.

Additional client identification documentation were employed in relation to the Client.

- (i) _____
- (ii) _____
- (iii) _____
- (iv) _____

I have checked all the Client identification documentation in accordance with the established practices, and I have been satisfied that the Client is the person who is claiming to be.

ARGUS OFFICER _____ FULL NAME _____ SIGNATURE _____ DATE: ___ / ___ / _____

AUTHORISATION AND LETTER OF INDEMNITY FOR ACTING UPON TELECOMMUNICATIONS

To: ARGUS STOCKBROKERS LTD hereinafter called (“ARGUS”)

25, Demosthenis Severis Ave., Metropolis Towers, 1st & 2nd Floor, 1080 Nicosia, Cyprus

Dear Sirs

1. With reference to all of the investment and ancillary services to be provided to me/us by ARGUS and all transactions between ARGUS and myself/ourselves, I/we hereby authorise and request ARGUS to rely upon and act in accordance with any instructions, notices, demands and or other communications which from time to time be or purport to be given by telephone, fax, telefax, telegraph, email, cablegram or any other method of electronic communication received by ARGUS without inquiry on the ARGUS's part as to the authority or identity of the person making or purporting to make such instruction, notices, demands and or other communications and regardless of the circumstances prevailing at the time of such instruction, notices, demands and or other communications. ARGUS shall be entitled to treat such instructions, notices, demands and or other communications as fully authorised by, and binding upon me/us and the ARGUS shall be entitled (but not bound) to take such steps in connection with, or in reliance upon, such communication as ARGUS may in good faith consider appropriate, whether such communication includes instructions to execute a transaction or to effect the transmission of my/our order or to pay money, or otherwise to debit or credit any account, or relates to the disposition of any money, securities or documents, or purports to bind me/us to any agreement or other arrangement with ARGUS or with any other person or to commit me/us to any other type of transaction whatsoever, regardless of the nature of the transaction or arrangement or the amount of money or value involved and notwithstanding any error or misunderstanding or lack of clarity in the terms of such instructions, notices, demands and or other communications.
2. In consideration of ARGUS agreeing to rely upon and act on such instructions, notices, demands and or other communications as aforesaid, I/we hereby assume all responsibility and I/we agree and undertake to hold ARGUS harmless from all and any losses, claims, actions, proceedings, demands, damages, costs or expenses or indebtedness and liability which ARGUS may incur or sustain of whatever nature and in any manner howsoever arising by reason of acting upon my/our instructions, notices, demands and or other communication as aforesaid.
3. This authorisation and indemnity shall remain in full force and effect unless and until revoked by me/us by written notice to ARGUS, provided ARGUS has reasonable time to act upon the notice of the revocation, and provided that any such notice shall not affect my/our nor release me from any responsibility, liability and indemnity provided to ARGUS under paragraph 2 hereinabove in respect of any transactions and or other act performed by ARGUS, which were initiated prior to such notification.
4. I/We hereby undertake to indemnify ARGUS and keep ARGUS harmless from any claim, legal action, damages, loss, encumbrances and costs that any third person may suffer, incur or sustain of whatever nature and howsoever arising by reason of ARGUS acting on my/our instructions, notices, demands and or other communication as aforesaid.
5. I/We hereby further undertake to acknowledge any and all charges on my/our accounts and any amount effected by me/us as a result of my/our instructions, notices, demands and or other communication.
6. I/We hereby further waive all and any rights to dispute any actions of ARGUS undertaken pursuant to my/our instructions, notices, demands and or other communications and all and any rights to claim or demand any compensation for any loss and/or damage and/or costs that I/we may suffer and/or incur or sustain as a result of ARGUS acting on my/our instructions, notices, demands and or other communication.
7. I/We hereby undertake that where any instructions, notices, demands and or other communications, originally sent by telephone, fax, telefax, telegraph, email, cablegram or any other method of electronic communication will subsequently be communicated to ARGUS again in person or by postal mail, by any telecommunication and or other electronic communication or in any other manner whatsoever, such instructions, notices, demands and or other communications shall be clearly marked **“Instructions already sent to you on [date] by [method of telecommunication] – Please avoid duplication”**. I/we further undertake that where the said subsequent instructions, notices, demands and or other communications is/are communicated to ARGUS in person, I/we shall clearly state that I/we have already sent to ARGUS the said instructions, notices, demands and or other communications and that I/we request ARGUS to avoid duplication. Failure in my/our part to do so, releases ARGUS from any liability whatsoever for acting more than once on the same instructions.

Yours Faithfully

SIGNATORIES	Signature	Date
1. Full Name: _____	_____	___/___/___
Identification Card / Passport no.: _____		
2. Full Name: _____	_____	___/___/___
Identification Card / Passport no.: _____		

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: _____	_____	___/___/___

Customer's Authorization to his Representative

I hereby authorize the following or anyone of the following

1., I.D. Passport No, Address.

Signature Sample:

2., I.D. Passport No, Address.

Signature Sample:

3., I.D. Passport No, Address.

Signature Sample:

to make in my name, place and stead the following marked and initialed by me acts and deeds and to sign for these acts and deed the relevant receipts as may be required and/or called for. This authorization shall be valid and in full force and effect until receipt by the Company of a revocation document signed by me.

1	Invest in Financial Instruments (as defined in the Law which Provides for the Provision of Investment Services, the Exercise of Investment Activities, the Operation of Regulated Markets and Other Related Matters - Law 87(I)/2017 (hereinafter the "Law")) listed in Stock Exchanges of Member States or of third Countries as these are specified in the Law	
2	Apply for the acquisition of first issue shares of companies which intend to be listed in Stock Exchanges of Member States or of third Countries as these are specified in the Law	
3	Participate in auctions of securities and of bonds issued by the central Bank of Cyprus	
4	Sign on my behalf the required agreements and documents for transactions abroad	
5	Proceed in exchange actions	
6	Open bank accounts in Cyprus or abroad in my name for use towards the achievement of the objectives of this agreement	
7	Deposit and/or receive money and/or give instructions for deposit in the aforementioned bank account of the Customer	
8	Keep money which belongs to the portfolio under management in a Company's customers' account	
9	Receive and deliver stock exchange titles (on my behalf)	
10	Give instructions for the stock exchange transactions relating to my portfolio	
11	Sign all the necessary documents for the clearance and completion of the transactions executed for the portfolio under management	
12	Receive on my account and sign contract notes, deposit and collection of money receipts, delivery and acceptance of titles, as well as all computer copies and generally be informed for the status of the stock exchange account	

I expressly and irrevocably state and declare to the Company that my above Representatives will be acting within the aforesaid authorizations exclusively and only in their representative capacity and consequently for their acts and deeds as well as for the instructions to the Company from time to time in my name, place and stead I shall be exclusively and solely responsible and in no case the Company.

The Authorizing Customer

.....

Date.: ___ / ___ / ___

(Signature)

APPENDIX 2
FEE, COMMISSION AND OTHER EXPENSES (Clauses 8 and 15 of the Terms and Conditions of the Agreement)
1. Transaction Fees, Depository Fees and Commissions regarding the execution of orders at CSE and ASE

CYPRUS STOCK EXCHANGE					
SHARES			BONDS		
FEE		Main Market	Alternative Market	Corporate Bonds	Government Bonds
	Brokerage Fee	0,5 - 1,00 % (minimum €5)	0,5 - 1,00 % (minimum €5)	0,5 - 1,00 % (minimum €5)	0,5 - 1,00 % (minimum €5)
Other Fees	Subscription fee	0,0125%	0,04%	0,00%	0
	ODL fee (per order)	€0,11	€0,11	€0,11	0
	Settlement Fee	€0,50	€0,50	€0,50	€0,50
	Safekeeping/administration of financial instruments, including custodianship and related services	0,005% - 0,125% charged quarterly on Portfolios			

ASE STOCK EXCHANGE			
FEE		SHARES	CORPORATE BONDS
	Brokerage Fee	0,5 - 1,00% (minimum €5)	0,5 - 1,00% (minimum €5)
Other Fees	Subscription fee	0,0125%	0.005%
	ODL fee (per order)	€0,06	€0,06
	Settlement Fee	€0,50	€0,50
	Sales Tax	0,2%	0
	Safekeeping/administration of financial instruments, including custodianship and related services	0,005% - 0,125% charged quarterly on Portfolios	

International Markets: the Customer and the Portfolio shall be charged with a fee for the execution of Stock Exchange Transactions as [Trading Conditions and Costs for EQUITIES using the ARGUS Global Trader](#)

The Customer shall be charged also with any other stock exchange fees and expenses, taxes bank charges in relation to the Portfolio.

2. Account Opening fees

- For account opening for **Physical Person** there is a charge of **€20**.
- For account opening for **Legal Entity - Cypriot** there is a charge of **€50**.
- For account opening for **Legal Entity - Foreign** there is a charge of **€60**.
- Stamp Duties: **€20**.

3. TAX

As regards to the international markets the sales tax of each market is incorporated in each transaction expenses.

4. ARGUS Commission 0,5 – 1%: _____

5. General Costs and Associated Charges

For any updates and full disclosure of all fees applicable please visit our website www.argus.com.cy.
 For any updates regarding the expenses of each market please visit the relevant stock exchange website.
 We are at your disposal for any clarification at T: +357 22 717000.

Right of Withdrawal in relation to client orders

The Client has the right within 14 calendar days without giving any reason to withdraw and cancel an order, either entered by the client or sent by the client to the CIF without any penalty, at any time before the order is executed.

Where the order has been executed, taking into account that investment services have been provided in relation to financial instruments whose price depends on fluctuations in the financial market outside the CIF's control and which may occur during the withdrawal period, the Client has no right of withdrawal even if the order was entered or sent and executed via means of distance communication, in line with the relevant provisions of the Distance Marketing of Consumer Financial Services Law of 2004.

Termination of an Investment Services Agreement which has been concluded by means of distance communication

Retail Clients and Clients that are treated as Professionals on request, who have concluded an Investment Services Agreement by means of distance communication have a right of withdrawal and termination of the Agreement for a period of 14 calendar days from the date of the conclusion of the Agreement ('withdrawal period') without incurring any penalty and without providing any reason, through the provision of a notification on a durable medium before the expiry of the said withdrawal period.

It is understood that the right of withdrawal does not invalidate any client orders which have been executed before the termination of the Agreement, whether they have been executed through the provision of the services of reception, transmission and execution of client orders services, or they have been executed in the context of the investment service of portfolio management. In this case, the Client will be charged with the corresponding fees regarding the orders that have been executed before the termination of the Agreement within the withdrawal period. Specifically, the fees are divided into the following categories:

- (i) In case the Client completed the registration process (client onboarding), has not deposited any funds in the account and has terminated the Agreement and the CIF will not refund the account opening fees stated above at Appendix 2, point 2.
- ii) In case the Client has completed the registration process (client onboarding), has deposited a certain amount in his account but did not proceed with any transaction and has terminated the Agreement, the CIF will not refund the account opening fees stated above at Appendix 2, point 2, but will return to the client the deposited amount subject to bank charges.
- (iii) In case the Client has completed the registration process (client onboarding), has deposited a certain amount in his account and made a small transaction or transactions which, in terms of income to the CIF, do not cover the cost of client due diligence and the client has terminated the Agreement, the CIF will not refund the account opening fees stated above at Appendix 2, point 2, neither any other fees mentioned at Appendix 2. The CIF will return to the client the remaining balance subject to bank charges.

The period within which the right of withdrawal can be exercised begins to count:

- a) either from the day of the conclusion of the distance contract, or
- b) from the day on which the consumer receives the contractual terms and conditions of the Agreement, if that is later than the date referred to in paragraph (a).

The exercise of the right of withdrawal is carried out by notification via email of the sample in appendix 3. The deadline shall be deemed to have been observed if the notification is sent by email before the deadline expires provided that the order has not been executed.

If the customer decides not to exercise the right of withdrawal granted to him by the Law within the period of 14 calendar days or before the relevant order is executed within the above-mentioned period, he/she must continue to fully comply with the content of the Agreement.

SAMPLE NOTICE OF WITHDRAWAL FROM DISTANCE CONTRACT

(Fill in and send this notice to the email address below only if you wish to terminate the contract).

To: argus@argus.com.cy

I/We the undersigned hereby terminate my/our contract exercising the right of withdrawal given to me/us by the Law.

Client's code:

Contract Conclusion Date:

Client's signature: _____

IN WITNESS THEREOF, this Appendix has been signed by or on behalf of the Parties on the date written below:

The Parties:	Witness:
(Signature) _____ <div style="background-color: yellow; height: 15px; width: 100%;"></div> Full Name: _____ <u>For and on behalf of Argus</u> (Signature) _____ Full Name: Andri Tringidou Position: Managing Director	(Signature) _____ Full Name: _____ Identification Card or Passport no.: _____ Home Address: _____ (Signature) _____ Full Name: _____ Identification Card or Passport no.: _____ Home Address: _____ Date: ___ / ___ / ____

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