

APPENDIX to the Client Agreement
DUE DILIGENCE QUESTIONNAIRE

To be completed by the client

PART I GENERAL INFORMATION _ NEW CLIENT ACCOUNT FORM & KNOW YOUR CUSTOMER PROFILE		
1	NAME Legal Name of the Company/ Individual Name and Surname	
2	Organizational and Legal Form (for Legal entities)	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust <input type="checkbox"/> Individual <input type="checkbox"/> LLC <input type="checkbox"/> Other (Please specify)_____
3	Country of Incorporation/ Place of birth	
	Nationality	
	Citizenship	
4	Registration Date /Date of Birth	_____ dd month year
5	Registration Documents (Certificate of Incorporation, Passport etc.)	
6	Registration Number/Passport Number	
7	Issued by /Name of Registrar	
8	Registered address:	
9	Location Address (if differs):	
10	Postal Address (if differs)	

11	Phone	
12	Fax	
13	E-mail	
14	Contact Person	
15	Authorised executive (Last, First Name , Middle Name, if applicable)	
16	Authority based upon (Please indicate date, number, name of the constitutive document or Power of Attorney)	<p>—</p> <input type="checkbox"/> Director <input type="checkbox"/> Attorney <input type="checkbox"/> Other
17	Please mark those services you are applying for:	<input type="checkbox"/> Portfolio Management <input type="checkbox"/> Margin Trading <input type="checkbox"/> Foreign Exchange Services
18	Please mark those financial instruments you are interested in:	<input type="checkbox"/> Non complex financial instruments <input type="checkbox"/> Shares <input type="checkbox"/> Treasury Bills <input type="checkbox"/> Certificates of Deposit <input type="checkbox"/> Depository Receipts (DRs) <input type="checkbox"/> Bonds or other forms of securitized debit <input type="checkbox"/> Complex financial instruments <input type="checkbox"/> Options <input type="checkbox"/> Futures/Forwards <input type="checkbox"/> Swaps <input type="checkbox"/> Derivatives <input type="checkbox"/> Units in Collective Investment Undertakings <input type="checkbox"/> Financial Contracts for Differences (CFDs) <input type="checkbox"/> Other (please specify): A structured product with capital protection _____

QUESTIONS 19-25 FOR LEGAL ENTITIES ONLY

If you are an individual, go to PART II KNOW YOUR CUSTOMER AND AML PROFILE

19	Licenses held (license type, number, date of issue, authority, validity, list of types of the licenses activity) /if applicable/	
20	Information about governing bodies of the legal entity (the legal entity structure and list of governing bodies staff)	
21	Size of registered and paid Charter Capital	
22	Information about beneficiaries of legal entity (incorporators with ownership of more than 10% and/or persons empowered to issue instructions mandatory for the client, or otherwise determine the client's activities);	
23	The ownership structure of this particular entity – through to the ultimate beneficial owner (10%) – diagram of whole legal structure, indicating %.	
24	Is the company regulated by any relevant authority? If yes, please specify	
25	Provide a description of the corporate entity business: Please describe what type of transactions/services the company renders What instruments are traded	<p>_____</p> <input type="checkbox"/> Securities <input type="checkbox"/> Bonds <input type="checkbox"/> Others _____

26	Please state whether you open account for principal trading or as an agent for the underlying clients	<input type="checkbox"/> Own Account (Trading as Principal) <input type="checkbox"/> Nominee Account (Trading as an Agent for the underlying clients).
<p>IF the UBO differs from the Director and Authorised Signatory, please complete FATCA Questionnaire for Director and the Authorised Signatories.</p>		
<p>QUESTIONS 27-46 ONLY FOR LEGAL ENTITIES, WHO ACT AS <u>AGENTS</u></p> <p>If you open an account as PRINCIPAL, then please sign the Principal Letter and go to PART II</p>		
27	What type of clients are services offered to?	<input type="checkbox"/> Legal entities <input type="checkbox"/> Individuals
28	Does money laundering entail criminal responsibility in your home country?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
29	Has your home country adopted laws/regulations on anti-moneylaundering?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
30	Is your institution subject to laws regarding money laundering prevention in your home country?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
31	Do you have written Know Your Customer and Anti-Money Laundering (AML) policies and procedures?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
32	Is there a designated officer responsible for oversight of the AML program?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
If no, please explain		
33	Name, functional title and contact information of that person:	
34	Is there oversight of the AML program by senior management and/or the Board of Directors? If 'No', please explain	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
If 'No', please explain		

35	Does your firm have an internal or external audit function that regularly reviews and assesses the quality of the AML program?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
If 'Yes', briefly describe the audit program (e.g., frequency, internal/external): If 'No', please explain:		
36	Is your firm's AML program applicable to all branches and subsidiaries, and does it cover all business lines?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
37	Does your firm have procedures to ask about each new client's intended business?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
If 'No', please explain:		
38	Describe your firm's minimum documentation requirements:	
39	Does your firm have a process to risk assess or rank clients from an AML perspective, and to conduct enhanced due diligence on higher risk clients?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
If 'No', please explain:		
40	Does your firm provide services to correspondent banks?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
If 'Yes', please answer the questions below:		
41	Does your firm prohibit accounts for offshore banks or shell banks?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
42	Does your firm have procedures that require the review and assessment of its correspondents' anti-money	<input type="checkbox"/> Yes/ <input type="checkbox"/> No

	laundrying programs?	
If 'No', please explain:		
43	Does your firm offer payable through services or otherwise permit its correspondent clients to offer third party direct debit access to its accounts (via checks or wires)?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
If 'No', please explain:		
44	Does your firm have procedures to screen for transactions from entities or individuals which are on the sanctions lists maintained by OFAC, the EU etc.?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
If 'No', please explain:		
45	Do you have an effective procedure of monitoring the customers' accounts in order to detect the unusual transactions?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
If 'Yes', briefly describe the methods (e.g., manual vs. automated)		
If 'No', please explain:		
46	Do you have an established procedure of reporting suspicious activities and transactions to the appropriate authorities?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No
If 'No', please explain:		
PART II KNOW YOUR CUSTOMER AND AML PROFILE		

1	Countries presenting the business interest to the customer or having the business influence:	
2	In what bank(s) does the client keep its current account(s)	
3	Purpose of investments	
4	How does the customer plan to use the account opened	<input type="checkbox"/> Carry on the securities transactions and their settlement <input type="checkbox"/> Safety <input type="checkbox"/> Growth <input type="checkbox"/> Income <input type="checkbox"/> Speculative <input type="checkbox"/> Other _____
5	Expected volume and frequency of transactions (in EUR per month)	
6	Investment Objectives – please state your investment perspective	<input type="checkbox"/> Short-term (up to 1 year) <input type="checkbox"/> Medium term (1 to 5 years) <input type="checkbox"/> Long term (over 5 years)
7	Frequency	<input type="checkbox"/> Often <input type="checkbox"/> Regular <input type="checkbox"/> Occasional
8	Anticipated average monthly turnover (in EUR) debits only	<input type="checkbox"/> ≤50 000 <input type="checkbox"/> ≤300 000 <input type="checkbox"/> ≤1 000 000 <input type="checkbox"/> ≤5 000 000 <input type="checkbox"/> >5 000 000
9	Anticipated average balance (in EUR)	<input type="checkbox"/> ≤50 000 <input type="checkbox"/> ≤300 000 <input type="checkbox"/> ≤1 000 000 <input type="checkbox"/> ≤5 000 000 <input type="checkbox"/> >5 000 000

10	Level of Risk you are willing to undertake	<input type="checkbox"/> Slight fluctuations in value (from a current perspective: up to 10% p.a., stronger fluctuations are possible) <input type="checkbox"/> Medium-level fluctuations in value (over 10% p.a., in exceptional cases, a complete loss is possible), e.g. equity funds, mixed funds, stocks (e.g. blue chips), foreign currency bonds <input type="checkbox"/> Speculative investments which may involve the complete loss of the invested capital because I want to take advantage of a very high earnings potential e.g. low-quality bonds, stocks, warrants <input type="checkbox"/> Extremely risky investments which may involve, beyond the complete loss of the invested capital, the demand for additional funds e.g. written options, forward transactions
11	Please state any investments you would like to be avoided	
12	Source of funds (Please specify)	<input type="checkbox"/> Business owner _____ <input type="checkbox"/> Salary/Earnings _____ <input type="checkbox"/> Investment _____ <input type="checkbox"/> Other _____
13	Only for natural persons:	<input type="checkbox"/> Nature of the Individual's current business _____ <input type="checkbox"/> Level of education _____ <input type="checkbox"/> Occupation/ profession, and/or relevant former profession _____ <input type="checkbox"/> Name of the employer _____ <input type="checkbox"/> Business area _____
14	Only for legal entities. Section is to be completed in relation to the customer's principal contact (The person authorised to carry out transactions on behalf of the entity)	<input type="checkbox"/> Level of education: _____ <input type="checkbox"/> Occupation/Profession and/or relevant former profession: _____ <input type="checkbox"/> Name of the employee _____ <input type="checkbox"/> Business area _____ <input type="checkbox"/> Employment in the financial services sector: _____
15	Financial Status	Legal Entities: Earnings Please insert ≤ or ≥ Ordinary business activities EUR: 5,000,000 Extraordinary/Exceptional EUR: 5,000,000 Reported profit EUR: 5,000,000 Total Liabilities (loans, advances, sureties etc.) EUR: 5,000,000

		Natural Persons: Earnings Amount in EUR Total liabilities incl. sureties _____ Monthly net income _____ Funds available for investment _____ (surplus of income over expenditure)
16	Are you a Politically Exposed Person?	<input type="checkbox"/> Yes (please specify) <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <input type="checkbox"/> No
17	Are you interested in US securities	<input type="checkbox"/> Yes (if yes, please provide the appropriate W form) <input type="checkbox"/> No
18	Please select the category that is suitable for you:	<input type="checkbox"/> Retail Professional <input type="checkbox"/> Client Eligible <input type="checkbox"/> Counterparty
19	Are you interested in the US securities	<input type="checkbox"/> Yes (if yes, please provide the appropriate W form) <input type="checkbox"/> No

I hereby consent to VM VITA MARKETS LTD to use my financial instruments for CIFs own account or the account of another client of the CIF

I hereby consent to VM VITA MARKETS LTD that my financial instruments and/or money funds may be held together in an omnibus account (in or outside EU)

I hereby consent to VM VITA MARKETS LTD sending me the account foundation documents and agreements in a durable medium other than on paper to the fax number and/or e-mail address I have provided

Please note:

Where the verification of the client/beneficial owner's identity has not been completed during the designated timeframe of 15 days, the commencement of a business relationship must be terminated on the date of the deadline's expiry and all deposited funds must be returned to the client/beneficial owner, in the same bank account from which they originated. The procedure for returning the funds must occur immediately, regardless of whether the client has requested the return of their funds or not. The returned funds (deposits) include any profits the client has gained during their transactions and deducting any losses incurred

I confirm that I read, understand the procedure for treating open positions and possible returns of funds and provide with my consent:

Yes

No

Signature

Name & Title

PART III
CLIENT CATEGORISATION

Please state if you are a licensed /regulated institution from either the European Union or a third country such as:

- Investment Firm
- Credit institutions
- Insurance companies
- UCITS and their management companies Pension
- funds and their management companies
- Other financial institutions authorized or regulated under community or national law
- Commodity and commodity derivative traders (dealing on own account)
- National governments and their corresponding offices including public bodies which manage public debt
- Central banks
- Supranational organizations

Please state if you are:

- A national or regional government
- Public body that manages public debt
- Central Bank
- International or supranational institution (such as the World Bank, the IMF, the European Investment Bank and other similar international organizations).

Please mark those criteria that apply in your case:

- Balance Sheet Total \geq EUR 20.000.000 Net
- Annual Turnover EUR \geq 40.000.000 Own
- Funds EUR \geq 2.000.000

4. Please state if you are any 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

Signature

Name & Title

APPENDIX to the Client Agreement
SUITABILITY AND APPROPRIATENESS TEST

PART IV

Investment firms cannot provide investment advice or portfolio management without first carrying out the suitability and appropriateness test. According to the European Commission, if at the beginning of a relationship the client refuses to give the information requested by the manager that is relevant for the suitability and appropriateness assessment, the manager may not provide the client with the service, even on the most prudent basis.

Investment firms must assess whether the service they provide to a client is suitable or appropriate for the client's needs and personal circumstances on the basis of information about the client that they have to collect.

The reason for assessing suitability and appropriateness is to enable the firm to act in the client's best interest.

VM VITA MARKETS LTD must have information on your financial situation, investment experience and knowledge to be able to provide a full range of investment services to you and to assess the suitability and appropriateness of the offered investment services to you.

Therefore, we ask you to give answers to all the questions in the following Suitability and Appropriateness Test. In order to assess your application correctly, VM VITA MARKETS LTD will also include in the analysis your responses to the questions in Part I, II, and III of the Due Diligence Questionnaire and will review this as part of Suitability and Appropriateness Test.

Suitability and appropriateness

Within the framework of the Suitability and Appropriateness Test the Company shall assess whether or not the offered services and products are suitable for the achievement of your investment goals and if the degree of risk related to the offered services and products is in accordance with your financial capacities.

Suitability Test (in addition to Part I, II, III of this due diligence Questionnaire)		
1	Your marital status	
2	Do you have children? (Please specify, how many children you have and the age of every child)	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No
3	Employment status	<input type="checkbox"/> Employed/FULL TIME <input type="checkbox"/> Employed/PART TIME <input type="checkbox"/> Unemployed <input type="checkbox"/> Self employed <input type="checkbox"/> Maternity/Paternity Leave <input type="checkbox"/> Retired
4	How much capital do you have to invest?	<input type="checkbox"/> Cash _____ <input type="checkbox"/> Assets _____
5	When will you need your invested capital?	
6	Please state the types of service with which you are familiar	<input type="checkbox"/> Portfolio Management <input type="checkbox"/> Margin Trading

		<input type="checkbox"/> Foreign Exchange Services <input type="checkbox"/> Brokerage <input type="checkbox"/> Custody <input type="checkbox"/> Investment Advice <input type="checkbox"/> Other (please specify) _____
7	Please state the assets you have (Please specify and state the amount in EUR)	<input type="checkbox"/> Investments _____ <input type="checkbox"/> Liquid Assets: <input type="checkbox"/> funds in your savings account _____ <input type="checkbox"/> shares of stock, bonds, money market funds _____ <input type="checkbox"/> Certificate of Deposit _____ <input type="checkbox"/> Other _____
8	Are you the owner of any property? (Please specify: Flat, house, car etc.).	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No
9	Income sources	<input type="checkbox"/> Salary & Bonus <input type="checkbox"/> Capital Income <input type="checkbox"/> Income from entrepreneurial activities <input type="checkbox"/> Retirement Income <input type="checkbox"/> Other income (please specify) _____
10	Liability sources	<input type="checkbox"/> Maintenance cost <input type="checkbox"/> Loans <input type="checkbox"/> Other (Please specify)
11	Investment goal	<input type="checkbox"/> Short term liquidity management, covering unexpected costs, travel expenses, home renovation cost, etc.) <input type="checkbox"/> Long term savings (e/g/ housing, preparation for the year of retirement, savings for the future of children, grandchildren, etc.) <input type="checkbox"/> Making high profit even at the risk of losing the principal amount

12	Investment frequency	<input type="checkbox"/> No investments up to this date <input type="checkbox"/> Few times a year <input type="checkbox"/> Monthly <input type="checkbox"/> Actively (please specify)
13	Expected Investment frequency:	<input type="checkbox"/> Few times a year <input type="checkbox"/> Monthly <input type="checkbox"/> Once a year <input type="checkbox"/> Other (please specify)_____
14	Expected amount of investments during the year	<input type="checkbox"/> Cash _____ <input type="checkbox"/> Assets _____
15	Which statement is the most applicable to you	<input type="checkbox"/> The safety of my capital is a major factor for me. I would like to give up any high returns in order to prevent risks. <input type="checkbox"/> I expect a higher than average return and I accept higher risks. I am ready to accept the slight decrease of my capital. <input type="checkbox"/> I expect high returns and I am ready for high risks even if as a result a considerable part of my capital is at risk. In addition id I invest in a derivative product, the loss may exceed even the amount I have invested in the product.
16	Please mark all the products you know (the characteristics and the risks of the product)	<input type="checkbox"/> Bonds or other forms of securitized debt (please specify) <input type="checkbox"/> Shares <input type="checkbox"/> Depository Receipts <input type="checkbox"/> Treasury Bills <input type="checkbox"/> Certificates of Deposit <input type="checkbox"/> Options <input type="checkbox"/> Futures <input type="checkbox"/> Forwards <input type="checkbox"/> Swaps <input type="checkbox"/> Derivatives <input type="checkbox"/> UCITS (Units in Collective Investment Undertakings) <input type="checkbox"/> Financial Contracts for Differences (CFDs). <input type="checkbox"/> Other _____
17	Where did you get knowledge about these products?	<input type="checkbox"/> School <input type="checkbox"/> Self-training <input type="checkbox"/> Work Experience <input type="checkbox"/> Experience through professional activities <input type="checkbox"/> Through consultants <input type="checkbox"/> Other (Please specify) _____
18	Did you execute before any transactions with any of these instruments? (Please specify)	

19	If you responded to the previous question YES, please indicate for how long you have been executing transactions with those instruments.	
20	If you responded YES to the question 18. Please indicate the volume of transactions in such instruments:	
21	If you responded YES to the question 18, please indicate how frequent were your investments?	
22	Have you ever had any other accounts with Investment Firms? (Please specify the name of the Investment Firm and the type of the accounts):	

Notice: VM VITA MARKETS LTD will not accept any potential client, unless the questionnaire is fully completed and all documents required are provided

Signature

Name & Title

Date