

### I. COMPANY INFORMATION

1. Company Name: *	
2. Date of Incorporation:*	
3. Place of Incorporation:*	
4. Company Registration Number:*	
5. Registered Address:*	
6. Full Name of the authorized representative of the company:*	
6.1	
6.2	
6.3	
7. Country code, area code, telephone #:*	
8. Mobile Phone number:	

### II. INFORMATION DISTRIBUTION METHODS

I choose to receive the information, which Deltastock AD is obliged to provide to its clients via:	
<input type="checkbox"/> Post:	
The address used for the receipt of the information shall be: _____	
<input type="checkbox"/> E-mail:	
<input type="checkbox"/> Fax:	

### III. APPROPRIATENESS ASSESSMENT OF THE SERVICES PROVIDED TO THE CLIENT

<input type="checkbox"/> Declare that I refuse to provide in part or in full the requested by Deltastock AD information regarding my education, occupation, financial status or trading knowledge and experience. I am informed that my refusal will lead to the inability of Deltastock AD to fulfill its obligation to assess the appropriateness of the offered services.	
<input type="checkbox"/> I am informed that Deltastock AD will from time to time request an update of the information provided in this Appendix that shall be sent to the address or fax number stated under Section II. above.	
<input type="checkbox"/> I refuse to update the information requested by Deltastock regarding my education, occupation, financial status or trading knowledge and experience.	
Declarator: _____ (signature)	

### 1. EDUCATION

1. Do you have a numerate university degree? (For example: economics, mathematics, physics, accounting) If yes please, provide details: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Do you have a relevant professional qualification that you consider would assist your understanding of leverage products in general? If yes please, provide details: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Occupation:	
4. Name of Employer:	
5. Nature of Business:	

### 2. INVESTMENT TARGETS

What are your investment targets:	
- Speculation	<input type="checkbox"/>

- Hedging	<input type="checkbox"/>
<b>3. FINANCIAL INFORMATION</b>	
1. Annual Income(USD):	
2. Risk capital (USD):	
<b>4. TRADING KNOWLEDGE AND EXPERIENCE</b>	
Stock Trading	<input type="checkbox"/> No experience <input type="checkbox"/> less than 1 year <input type="checkbox"/> from 1 to 3 years <input type="checkbox"/> over 3 years
Group investment schemes	<input type="checkbox"/> No experience <input type="checkbox"/> less than 1 year <input type="checkbox"/> from 1 to 3 years <input type="checkbox"/> over 3 years
CFDs on Shares and Indices	<input type="checkbox"/> No experience <input type="checkbox"/> less than 1 year <input type="checkbox"/> from 1 to 3 years <input type="checkbox"/> over 3 years
Spot and forward trades with Foreign currency, Currency options.	<input type="checkbox"/> No experience <input type="checkbox"/> less than 1 year <input type="checkbox"/> from 1 to 3 years <input type="checkbox"/> over 3 years
Other derivative instruments	<input type="checkbox"/> No experience <input type="checkbox"/> less than 1 year <input type="checkbox"/> from 1 to 3 years <input type="checkbox"/> over 3 years
Others	<input type="checkbox"/> No experience <input type="checkbox"/> less than 1 year <input type="checkbox"/> from 1 to 3 years <input type="checkbox"/> over 3 years
Approximate number of trades per month:	
Average amount per trade:	
<b>IV. CATEGORIZATION OF THE CLIENT ACCORDING TO ART. 36 PARA 1 OF THE MARKETS IN FINANCIAL INSTRUMENTS ACT</b>	
1. I declare that the company I represent has a license to perform activities on the financial markets as:	
➤ A credit institution:	<input type="checkbox"/>
➤ Investment Intermediary:	<input type="checkbox"/>
➤ Another institution subject to licensing or other regulation:	<input type="checkbox"/>
➤ Insurance company:	<input type="checkbox"/>
➤ A company for collective investment or managing company:	<input type="checkbox"/>
➤ Pension fund or pension insurance company:	<input type="checkbox"/>
➤ Trade by occupation for its own account with commodities or derivative financial instruments on commodities:	<input type="checkbox"/>
➤ Provides investment services and/or performs investment activities, which are expressed only in trading at ones account on the markets with financial futures, or option, or other derivative instruments on the money market, only for the purpose of hedging positions on the markets of derivative financial instruments:	<input type="checkbox"/>
➤ Trades on the account of other participants on these markets or determines prices for them, and which are guaranteed by clearing members of the same markets, when the responsibility for the execution of the contracts signed by such persons is taken by the clearing members of the same markets:	<input type="checkbox"/>
➤ Another investment intermediary:	<input type="checkbox"/>
2. I declare that the company I represent is a large company which meets at least two of the following conditions:	
➤ The balance amount - at least EUR 20 000 000 or its equivalent in other currency:	<input type="checkbox"/>
➤ Net turnover - at least EUR 40 000 000 or its equivalent in other currency:	<input type="checkbox"/>
➤ Own capital – at least EUR 2 000 000 or its equivalent in other currency:	<input type="checkbox"/>
3. I declare that the company I represent is:	

➤ The national and regional member of the government authority, the government organization which participates in the management of the national debt, the central bank, the international and supranational institution.	<input type="checkbox"/>
➤ Other institutional investors whose main activity is the investment in other financial instruments including the person who performs securitization of assets and other financial transactions.	<input type="checkbox"/>
4. I wish the company I represent to be treated as an acceptable counterparty.	<input type="checkbox"/>
<b>V. HOW DID YOU FIND OUT ABOUT US?*</b>	
1. A friend told me:	<input type="checkbox"/>
2. From a Search engine:	<input type="checkbox"/>
3. From a website (please specify)	_____
4. Referred by Deltastock IB	_____
5. Other (please specify)	_____

**To be completed by an employee of Deltastock AD:**

*I have been informed that based on the assessment of Deltastock AD the services I apply for:*

- |  |   |
|--|---|
| <input type="checkbox"/> <i>appropriate for me</i>           | <input type="checkbox"/> <i>in not appropriate for me</i> |
| <input type="checkbox"/> <i>lacks sufficient information</i> | <input type="checkbox"/> <i>cannot be assessed</i>        |

**By completing and signing the current information form I declare that:**

- I am familiar with the Procedures and Policies applied by Deltastock AD for the classification of clients as professional and I accept them.
- I am informed and I agree that the company I represent will be categorized as:  
 **non professional client**    **professional client**    **eligible counterparty**
- I agree that the current categorization will have the following scope:  
 all investment services provided by Deltastock AD  
 The following investment services and trades: \_\_\_\_\_  
 for a certain type of trades or investment product: \_\_\_\_\_
- I am informed that by meeting the category of „professional client“ the company I represent will not take advantage of the corresponding protection when provided with services and the performing of activities by Deltastock AD and will lose its right for compensation by the Fund for investors compensation as well as for the possible consequences from that.
- I am familiar with my obligation to inform Deltastock AD for every change in the information relevant to the classification of clients.
- I consent that Deltastock AD shall apply to the company I represent the rules for:  
 nonprofessional client    professional client    eligible counterparty
- I have been informed of my right to request a change in the category for the purpose of acquiring a higher level of protection.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_