

I. CLIENT INFORMATION:	
1. Full Name: *	
4. Date of Birth:*	
5. Passport/ID Card number:*	
6. Citizenship:*	
7. Permanent Address:*	
8. Postal Address: *	
9. Country code, area code, telephone #:	
10. Fax #:	
11. E-mail:*	
12. Marital Status:	
13.Occupation*	
14.Name of Employer*	
15.Nature of Business*	
13. I choose to receive the information, which Deltastock AD is obligated to provide to its clients via:*	<input type="checkbox"/> E-mail: <input type="checkbox"/> Fax: <input type="checkbox"/> Post
II. HOW DID YOU FIND OUT ABOUT US? *	
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 (please specify)	
5. Other (please specify)	
III. INVESTMENT TARGETS *	
What is your primary objective: - Speculation - Hedging	<input type="checkbox"/> <input type="checkbox"/>
IV. FINANCIAL DETAILS*	
1. Annual income:	
2. Risk capital:	
V. TRADING KNOWLEDGE AND EXPERIENCE*	
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
Do you have a relevant professional qualification that you consider would assist you understanding of leveraged products in general? If yes, please provide details:	<input type="checkbox"/> Yes <input type="checkbox"/> No

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
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
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
CFDs on Commodity Futures:	<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 transactions per month:	
Average amount of money involved in one transaction:	
<b>VI. APPLICATION DOCUMENTS</b>	
1. Copy of Passport/ID Card*	2. Proof of Residential Address*

\* **Mandatory fields**

**Declarations:**

1. I accept and agree to be classified by Deltastock AD as a "non-professional client".
2. I am informed that I have the right to request a change in my classification to a "professional client" status, as well as that any such change will result in a lower level of regulatory protection.
3.  I do wish /  I do not wish to be classified as a "professional client".
4. I DECLARE THE ABOVE INFORMATION IS COMPLETE AND ACCURATE AND I WILL PROMPTLY NOTIFY DELTASTOCK AD. IN WRITING IF ANY OF THE REPRESENTATIONS CONTAINED HEREIN SHALL MATERIALLY CHANGE OR CEASE TO BE TRUE AND CORRECT.

Date: \_\_\_\_\_  
dd/mm/yyyy

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