

I. COMPANY INFORMATION	
1. Company Name: *	
2. Date of Incorporation:*	
3. Place of Incorporation:*	
4. Company Registration Number:*	
5. Registered Address:*	
6. Address for Correspondence:*	
Information on the authorized representative of the company:*	
7. Full Name:	
8. Position:	
9. Passport/ID number:	
10. Permanent Address:	
11. Country code, area code, telephone #:*	
12. Cellular phone or work phone:	
13. Fax #:	
II. CONTACT INFORMATION	
2. Mailing address:	
3. E-mail address:	
4. Telephone number:	
5. Mobile telephone number:	
6. Fax:	
III. HOW DID YOU HEAR ABOUT DELTASTOCK AD	
1. A friend told me	<input type="checkbox"/>
2. Search engine	<input type="checkbox"/>
3. From Google	<input type="checkbox"/>
4. From Yahoo	<input type="checkbox"/>
5. From Rambler	<input type="checkbox"/>
6. I saw an ad	<input type="checkbox"/>
7. While surfing on the Internet	<input type="checkbox"/>
8. Link from another site	<input type="checkbox"/>
9. I received an e-mail	<input type="checkbox"/>
10. Other (please specify)	
IV. INVESTMENT GOALS	
What are your investment goals	
➤ Speculation	<input type="checkbox"/>

➤ Hedging (insurance) of other investments	<input type="checkbox"/>
V. FINANCIAL INFORMATION	
1. Annual Income:	
2. Approximate value of the risk capital, the loss of which will not cause a negative influence on your personal and family situation.	
VII. EXPERIENCE IN TRADING WITH FINANCIAL INSTRUMENTS	
Shares	<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
Obligations	<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
Collective 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
Contracts from Difference (CFD) on foreign shares, indices and commodities.	<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:	
VIII. CATEGORIZATION OF THE CLIENT ACCORDING TO ART. 36 PARA 1 OF THE MARKETS IN FINANCIAL INSTRUMENTS ACT	
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"/>

I hereby refuse to disclose information requested by Deltastock AD regarding my financial details, trading knowledge and investment experience.

Signature: _____

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

1. I am familiar with the Procedures and Policies applied by Deltastock AD for the classification of clients as professional and I accept them.
2. I am informed and I agree that the company I represent will be categorized as:
 non professional client **professional client** **eligible counterparty**
3. 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: _____
4. 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.
5. I am familiar with my obligation to inform Deltastock AD for every change in the information relevant to the classification of clients.
6. I consent that Deltastock AD shall apply to the company I represent the rules for:
 non professional client professional client eligible counterparty
7. I have been informed of my right to request a change in the category for the purpose of acquiring a higher level of protection.
8. I have been informed that in the judgement of Deltastock Inc the requested by me service is:
 suitable not suitable there isn't enough information to make a judgement

Date: _____

Signature: _____