



Cantor Fitzgerald Ireland Ltd ("Cantor")

Personal Advisory Account

Client Information/Update Form

Completion of Form For regulatory purposes and to provide you with appropriate advice, we ask that you complete the form below in full and with due care and attention. Please answer all questions.

Where the question is not applicable to your circumstances, please respond "0" (where numeric information is requested) or "n/a" (for all others). Estimates are sufficient where financial information is requested.

Post/Delivery Please return completed form to:
Cantor Fitzgerald Ireland Ltd
75 St Stephen's Green
Dublin 2

Queries/Advice on completion of this form Please call our dedicated support line on +353 1 633 3888 or email queries to Client Services at ireland@cantor.com

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FOR OFFICE USE ONLY

Cantor Broker Owner

Face to Face Meeting: Yes No Nominee Certificated

Client Account Number

1. Beneficial Owner(s) Details (PLEASE USE BLOCK CAPITALS)

ACCOUNT HOLDER

Title Mr Mrs Ms Miss Other

Surname

Forename(s)

PPS Number

Date of Birth

Country of Residence

Nationality

JOINT ACCOUNT HOLDER (If applicable)

Title Mr Mrs Ms Miss Other

Surname

Forename(s)

PPS Number

Date of Birth

Country of Residence

Nationality

2. Contact Details (PLEASE USE BLOCK CAPITALS)

ACCOUNT HOLDER

Home No.

Mobile No.

Office No.

Email

Cantor may use this email address for account correspondence.

Address Has your address changed? Yes No

If you tick yes please attach a new proof of address in the form of a main utility bill or bank statement dated within the last 6 months.

JOINT ACCOUNT HOLDER (If applicable)

Home No.

Mobile No.

Office No.

Email

Address Has your address changed? Yes No

3. Financial Background (PLEASE USE BLOCK CAPITALS)

Regular Income (per annum)

Please complete ALL sections. Any incomplete will be assumed as "€0".

ACCOUNT HOLDER

Employment/Pension €

Property Income €

Investment Income €

Other Income €

Regular Commitments (per month)

Pension €

Mortgage PPR €

Others (e.g. Loans) €

JOINT ACCOUNT HOLDER (if applicable)

€

€

€

€

€

€

€

3. Financial Background continued

Occupation & Employment Capacity

Occupation

Employment Capacity

- Self-employed / Director
 Company Employee
 Retired

- Self-employed / Director
 Company Employee
 Retired

Value of Personal Assets (Please complete this section based on total values of assets and debt if a joint application).
 Any incomplete will be assumed as €0.

Principal Private Residence (PPR)

€

Mortgage on PPR

€

Cash Deposits

€

Other Investments

€

Gross Value of Other Properties

€

Total Debt on Other Properties/Investments

€

Other Net Assets

€

Pension Asset

€

Source of Wealth/Funds

(i) Please indicate how your overall wealth was accumulated. You can indicate more than one option.

- Savings
 Inheritance
 Equity/Fund Investment
 Property Investment
 Sale of Business
 Retirement Fund
 Redundancy
 Other: If other please specify:

(ii) Please indicate the source of your initial transfer to Cantor. You can indicate more than one option.

- Bank Deposit Account
 Transfer from other Investment Provider
 Bank Current Account
 Retirement Fund
 Other: If other please specify:

4. Investment Objectives and Risk (BASED ON BOTH APPLICANTS IF A JOINT APPLICATION)

Portfolio Individual Transaction Size (Please answer all)

(i) What is your anticipated total portfolio size

- Less than €20,000
 Between €20,000 and €50,000
 Between €50,000 and €150,000
 Between €150,000 and €500,000
 Over €500,000

(ii) What is your average anticipated transaction size

- Less than €10,000
 Between €10,000 and €50,000
 Between €50,000 and €250,000
 Over €250,000

(iii) If you have a specific investment time horizon for your account please indicate below

- Less than 1 year
 Between 1 and 5 years
 Over 5 years

4. Investment Objectives and Risk Continued (BASED ON BOTH APPLICANTS IF A JOINT APPLICATION)

Income Requirement

Any incomplete will be assumed as €0.

Please state the approximate income requirement, if any, from your investment with Cantor

Which of the following best describes your investment objective

- Capital Growth only Mix of Income with Capital Growth Income only

Permitted Investment Instruments

Please tick which instruments you would consider investing in, you may indicate more than one option.

If you do not select any we will assume all are open to you.

- Equities Investment Bonds Investment Funds
 Government Bonds Corporate Bonds Derivatives including CFDs*
 Corporate Finance Product Other (please specify)

*Please note if you are investing in CFDs or Derivatives your account type will automatically be designated a risk taker.

Attitude to Risk

(i) Which ONE of the following most accurately describes your investment profile?

- Very Cautious Investor***
You are risk averse. Your investment preference is to maintain the security of your capital. You acknowledge that this investment strategy is at the expense of potential capital gain or incremental income.
**This category is not 100% capital guaranteed*
- Cautious Investor**
You are prepared to accept low levels of risk for the prospect of slightly higher returns.
- Considered Investor**
You are looking for a balance of risk and reward. You accept during periods of market risk potential losses may exceed by a multiple the potential income from investments.
- Considered Risk Taker**
You are willing to accept higher levels of volatility and fluctuations in the value of your investments for the prospect of higher returns. You accept that volatility in markets may result in loss in excess of the initial investment amount.
- Risk Taker**
You are willing to accept high volatility levels and fluctuations in the value of your investments for the prospect of higher returns. You acknowledge that in light of the unpredictable nature of stock markets your investment may carry an increased risk of potential loss in excess of the initial amount invested.

(ii) You find it interesting to explore investment opportunities for your money?

- Strongly Agree Agree Neither Agree nor Disagree Disagree Strongly Disagree

(iii) Six months after making an investment where your capital is at risk, your investment performs poorly in line with weak financial markets. Which option described below, best suggests your possible course of action?

- Sell all the investment and put the proceeds in a deposit account to prevent further loss
- Sell part of the investment, purchasing a less risky investment with the proceeds to reduce further losses
- Monitor the investment ahead of deciding what to do
- Invest more monies to avail of weaker prices expecting recovery
- Make a riskier investment to recover all losses in the expectation of recovery

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5. Experience (PLEASE USE BLOCK CAPITALS)

Basic: Have some knowledge but limited trading history.

Good: Have knowledge and have traded over a number of years.

Extensive: Have knowledge and have traded consistently over the past 5 years.

Where you have ANY trading experience, has the experience been: (If no previous experience please tick same)

- Execution Only (no broker input) Advisory (broker advises you decide)
- Discretionary/managed (broker agrees investment parameters and has discretion to transact)
- No previous experience

A. Financial Instruments ALL SECTIONS MUST BE COMPLETED

(i) Please indicate your investment experience in relation to the following instruments:

	NONE	BASIC	GOOD	EXTENSIVE	NUMBER OF YEARS EXPERIENCE	AVG. NUMBER OF TRADES PER ANNUM
Equities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Corporate Bonds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Government Bonds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Investment Funds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Investment Bonds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Corporate Finance Products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

B. Derivatives (if you do not complete questions (i) to (iii) here we will assume no experience).

(i) Please indicate your investment experience and what these were used for:

	NONE	BASIC	GOOD	EXTENSIVE	NUMBER OF YEARS EXPERIENCE	AVG. NUMBER OF TRADES PER ANNUM
CFDs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Options	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Futures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

(ii) For hedging - to reduce risk or increase income but not as a tool to increase risk.

Yes No

(iii) For speculation - understanding that you can lose part or all of your capital invested

Yes No

Relevant Professional Qualification or Experience

Do you have professional qualifications or investor experience? (for either client if joint)

Yes No

1. Do you have a professional qualification?

Yes No

2. Do you work as an investment manager/advisor?

Yes No

3. Are you a member of a recognised association?

Yes No

4. Other (please specify)

6. Acknowledgement

In signing this document you are confirming that the information provided is complete and accurate. Furthermore you undertake to advise Cantor should this information change

I acknowledge I am bound by the Term's & Conditions of an advisory account.

Client Acceptance

ACCOUNT HOLDER SIGNATURE

Print Name

Date Signed

JOINT ACCOUNT HOLDER SIGNATURE (if applicable)

Print Name

Date Signed

7. Individual (Controlling Person's) Self-Certification for FATCA and CRS (PLEASE USE BLOCK CAPITALS)

Please note that where there are joint or multiple account holders each investor is required to complete a separate Self-Certification form.

FATCA Declaration of U.S. Citizenship or U.S. Residence for Tax purposes:

APPLICANT: Are you a US citizen or resident in the US for tax purposes? Yes No

JOINT APPLICANT (if applicable): Are you a US citizen or resident in the US for tax purposes? Yes No

By opening this account and signing below, the beneficial owner(s) represents and warrants that he/she/it is not a US person for the purposes of US Federal income tax and that he/she/it is not acting for, or on behalf of, a US person. A false statement or misrepresentation of tax status by a US person could lead to penalties under US law. If your tax status changes or you become a US citizen or resident, you must notify us within 30 days.

CRS Declaration of Tax Residency (please note you may choose more than one country):

Please indicate your country of tax residence (if resident in more than one country please detail all countries of tax residence and associated taxpayer identification numbers ("TIN")). Please see the CRS Portal for more information on Tax Residency. NOTE: Provision of a Tax ID number (TIN) is required unless you are tax resident in a Jurisdiction that does not issue a TIN.

ACCOUNT HOLDER

Country Of Tax Residency	Tax ID Number (e.g. PPS)
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

JOINT ACCOUNT HOLDER (if applicable)

Country Of Tax Residency	Tax ID Number (e.g. PPS)
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Declaration and Undertakings:

I declare that the information provided in this form is, to the best of my knowledge and belief, accurate and complete. I acknowledge that the information contained in this form and information regarding the beneficial owner(s) may be reported to the tax authorities of the country in which this account(s) is/are maintained and exchanged with tax authorities of another country or countries in which the beneficial owner(s) may be tax resident where those countries (or tax authorities in those countries) have entered into Agreements to exchange financial account information. I undertake to advise the recipient promptly and provide an updated Self-Certification form where any change in circumstances occurs which causes any of the information contained in this form to be incorrect.

ACCOUNT HOLDER SIGNATURE

Print Name

Date Signed

JOINT ACCOUNT HOLDER SIGNATURE (if applicable)

Print Name

Date Signed

Instructions for completion

We are obliged under Section 891E, Section 891F and Section 891G of the Taxes Consolidation Act 1997 (as amended) and regulations made pursuant to those sections to collect certain information about each investor's tax arrangements. Please complete the sections above as directed and provide any additional information that is requested. Please note that in certain circumstances we may be legally obliged to share this information, and other financial information with respect to an investor's interests with relevant tax authorities. This form is intended to request information only where such request is not prohibited by Irish law.

If you have any questions about this form or defining the investor's tax residency status, please refer to the OECD CRS Portal or speak to a tax adviser.

For further information on FATCA or CRS please refer to Irish Revenue website at <http://www.revenue.ie/en/business/aeoi/index.html> or the following link to the OECD CRS Information Portal at:

<http://www.oecd.org/tax/automatic-exchange/in> in the case of CRS only.

If any of the information above changes, regarding the beneficiaries tax residency or FATCA/CRS classification, please notify us of these changes immediately.