



Cantor Fitzgerald Ireland Ltd ("Cantor") **Personal Execution Only 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

Personal Execution Only Account

Client Information/Update Form



FOR OFFICE USE ONLY

Cantor Broker Owner

Face to Face Meeting: Yes No Nominee Certified

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

JOINT ACCOUNT HOLDER (If applicable)

Home No.

Mobile No.

Office No.

Email

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.

3. Source of Wealth/Funds (PLEASE USE BLOCK CAPITALS)

(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:

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4. 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

Financial Instruments ALL SECTIONS MUST BE COMPLETED

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"/>

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)

5. 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 execution only account.

Client Acceptance

ACCOUNT HOLDER SIGNATURE

Print Name

Date Signed

JOINT ACCOUNT HOLDER SIGNATURE (if applicable)

Print Name

Date Signed

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6. 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"/>

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.



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email : ireland@cantor.com web : www.cantorfitzgerald.ie