

Limited Power of Attorney Appointment

To be completed only in the event that you wish to grant a limited power of attorney to another person to act on your behalf in respect of your account and be the **SOLE** individual to issue trading instructions until such times as you notify Cantor Fitzgerald to remove said attorney from your account.

Purpose and Attorney Details (PLEASE USE BLOCK CAPITALS)

I/We hereby grant the Attorney, nominated below, a Limited Power of Attorney in respect of my/our Account subject to Cantor's right to accept and to maintain such an Attorney appointment and subject to the terms and conditions applicable thereto.

For that purpose I/we authorise the Attorney:

- To operate my/our account other than in regard of closing the account or changing bank instructions
- To instruct via oral, written or email instruction to buy or sell investments or contracts subject to the prevailing Cantor Terms and Conditions and as disclosed upon Cantor's website. Orders transmitted via email or in writing are only valid when I/we receive an acknowledgment from my/our Cantor broker accepting or completing the order.
- To issue instructions in regard of corporate actions that arise in respect of my/our account and to provide such information and other instruction which Cantor requires and may rely upon for the operation of my/our account, including information pertaining to my financial situation and circumstance.

Details of Attorney

Surname	<input type="text"/>	Forename	<input type="text"/>
Address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>	Country of Residence	<input type="text"/>
Email	<input type="text"/>	Nationality	<input type="text"/>
Telephone	<input type="text"/>	Date of Birth	<input type="text" value="DD"/> <input type="text" value="MM"/> <input type="text" value="YY"/>

***Please note while this Limited Power of Attorney remains in force orders and investment instructions may only be accepted from the Attorney.**

Acknowledgement

In signing this acknowledgement I/we acknowledge that I/we am/are bound by the Cantor Terms and Conditions and such other Cantor documentation that I/we have completed in respect of this account.

I/We authorise Cantor to accept all instructions and information provided in regard of my/our account, whether orally, by e-mail or in writing, from the Attorney, subject to Cantor's prevailing Terms and Conditions and as accepted by Cantor. Cantor shall not be obliged to make any enquiry of any other person, including me/use before acting on such instructions or information.

I/We accept full responsibility and liability for any and all such instructions and information (and for all transactions and investments that may be entered into as a result) and will indemnify Cantor and keep it indemnified against any and all loss, damage or expense incurred by it as a result of its acting on such instructions or information received pursuant to this Limited Power of Attorney appointment and shall also indemnify Cantor in regard of any loss, claim, complaint, dispute, or liability as arising between the Attorney and me/us. Cantor shall have no liability for any loss, damage or expense incurred as a result of error or omission arising from delayed receipt, non-receipt, duplication or errors within such instructions. The appointment of the Attorney can in no way be deemed to create a greater or enhanced duty of care to me/us as a client than if I/we were instructing Cantor directly.

These terms, undertakings and indemnities are effective:

- whatever the circumstances giving rise to such loss, damage or expense;
- whatever the knowledge, acts or omissions of Cantor in relation to any other account held by any other person or body (including the Attorney named above) with Cantor.

This Power of Attorney may only be amended or revoked by me/us in writing, email or over a recorded line. Any such revocation shall not be effective until and acknowledged by Cantor. I/We acknowledge that I/we will remain liable for all instructions given or information provided prior to the receipt of such revocation by Cantor, and that I/we will be responsible for all and any losses which may arise on transactions or investments which are open before acknowledgement of the revocation of the Power of Attorney by Cantor. I/We will indemnify and keep Cantor indemnified in respect of any such losses.

SIGNATURE OF ATTORNEY

Date

Company Name (where relevant)

SIGNATURE OF ACCOUNT HOLDER

Date

SIGNATURE OF JOINT ACCOUNT HOLDER
(if applicable)

Date

SIGNATURE OF WITNESS

Date

Limited Power of Attorney Appointment



This section **MUST** be completed by the Attorney.

The information provided below will be used by Cantor in carrying out an assessment of financial experience and expertise of the Attorney. Cantor's policy is that the financial experience and expertise of the Attorney is all that is relevant for so long as the Limited Power of Attorney is in force, instructions will only be accepted from the Attorney.

Power of Attorney Experience (PLEASE USE BLOCK CAPITALS)

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

(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:

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

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.

Relevant Professional Qualification or Experience

Do you have professional qualifications or investor experience?

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)

SIGNATURE OF ATTORNEY

DATE

Company Name (where relevant)



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