

APPENDIX to the Client Agreement
DUE DILIGENCE QUESTIONNAIRE
For legal entities

To be completed by the client

☒ Initial entry of information ☐ Change of information ☐ Information update

PART I

GENERAL INFORMATION - NEW CLIENT ACCOUNT FORM & KNOW YOUR CUSTOMER PROFILE

1. INFORMATION ABOUT LEGAL ENTITY	
NAME Legal Name of the Company	
Previous name (if there were any changes)	
Country of incorporation	
Registration number	
Registration date	DD/MM/YYYY
Registration authority	

2. CLASSIFICATION	
☐ Fund ☐ Public corporation ☐ Private company limited by shares ☐ Firm, which provides investment services and/or performs investment activities consisting exclusively in dealing on own account ☐ Investment firm, which provides investment services and/or performs investment activities to the clients, or Credit institution	☐ Government agency or public authority ☐ Unincorporated business, partnership or other legal person with no legal substance ☐ Foundation ☐ Trust ☐ Company involved in electronic gambling and gaming through the Internet ☐ Other (Please specify) _____

3. ADDRESSES, CONTACTS	
LEI code	
Registered address	
Location Address (if differs)	
Postal Address (if differs)	
Phone	
Fax	
E-mail	
Website (if any)	

4. PERSONS AUTHORIZED TO ACT ON BEHALF OF THE ENTITY WITHOUT POWER OF ATTORNEY				
Type of person carrying out the functions of the executive body *	Position	Name	Start of the term	End of the term

* Director(/s), managing company, trustee, official receiver (/insolvency administrator)

5. OWNERSHIP STRUCTURE **		
Company name (Client's first, then other corporate owners)	Shareholder (Beneficiary) name	Share (%)

** Please disclose the full chain of shareholders (owners) up to the ultimate beneficial owners (UBO's) – natural persons controlling, directly or indirectly, 10% or more of the share capital. For each UBO please complete and provide the Beneficial Owner Declaration (Annex 2)

6. INFORMATION ON CORPORATE GOVERNANCE STRUCTURE (Board of Directors, etc.)	
Management body	Composition (name and title)

7. INFORMATION ON THE CLIENT'S BUSINESS OR OTHER ACTIVITY			
Nature of activity	Geographical area	Customers (retail, business, etc.)	Are there state or state connected entities among your customers (Y/N)

--	--	--	--

8. INFORMATION ON LICENSES (PERMITS)				
License (/Permit) Number	Type of Activity	Issuing Authority	Date of Issuance	Validity Period

9. INFORMATION ABOUT APPLICABLE SERVICES	
Please mark those services you are applying for:	☐ Portfolio Management ☐ Investment Advice ☐ Margin Trading ☐ Foreign Exchange Services
Please mark those financial instruments you are interested in:	☐ Non-complex financial instruments ☐ Shares ☐ Treasury Bills ☐ Certificates of Deposit ☐ Depository Receipts (DRs) ☐ Bonds or other forms of securitized debt ☐ Complex financial instruments ☐ Options ☐ Futures/Forwards ☐ Swaps ☐ Derivatives ☐ Units in Collective Investment Undertakings ☐ Financial Contracts for Differences (CFDs) ☐ Other (please specify): _____ ☐ A structured product with capital protection _____
Please state whether you open account for principal trading or as an agent for the underlying clients	☐ Own Account (Trading as Principal) ☐ Nominee Account (Trading as an Agent for the underlying clients).

10. QUESTIONS ONLY FOR LEGAL ENTITIES, WHO ACT AS AGENTS
If you open an account as PRINCIPAL, then please go to PART II

What type of clients are services offered to?	☐ Legal entities ☐ Individuals
Does money laundering entail criminal responsibility in your home country?	☐ Yes/ ☐ No
Has your home country adopted laws/regulations on anti-money laundering?	☐ Yes/ ☐ No
Is your institution subject to laws regarding money laundering prevention in your home country?	☐ Yes/ ☐ No
Do you have written Know Your Customer and Anti- Money Laundering (AML) policies and procedures?	Yes/ No
Is there a designated officer responsible for oversight of the AML program? If 'No', please explain	☐ Yes/ ☐ No
Name, functional title and contact information of that person:	
Is there oversight of the AML program by senior management and/or the Board of Directors? If 'No', please explain	☐ Yes/ ☐ No
Does your firm have an internal or external audit function that regularly reviews and assesses the quality of the AML program? If 'Yes', briefly describe the audit program (e.g., frequency, internal/external): If 'No', please explain:	☐ Yes/ ☐ No
Is your firm's AML program applicable to all branches and subsidiaries, and does it cover all business lines?	☐ Yes/ ☐ No

Does your firm have procedures to ask about each new client's intended business? If 'No', please explain:	☐ Yes/ ☐ No
Describe your firm's minimum documentation requirements:	
Does your firm have a process to risk assess or rank clients from an AML perspective, and to conduct enhanced due diligence on higher risk clients? If 'No', please explain:	☐ Yes/ ☐ No
Does your firm provide services to correspondent banks? If 'Yes', please answer the questions below:	☐ Yes/ ☐ No
Does your firm prohibit accounts for offshore banks or shell banks?	☐ Yes/ ☐ No
Does your firm have procedures that require the review and assessment of its correspondents' AML programs? If 'No', please explain:	☐ Yes/ ☐ No
Does your firm offer payable through services or otherwise permit its correspondent clients to offer third party direct debit access to its accounts (via checks or wires)? If 'No', please explain:	☐ Yes/ ☐ No
Does your firm have procedures to screen for transactions from entities or individuals which are on the sanctions lists maintained by OFAC, the EU etc.? If 'No', please explain:	☐ Yes/ ☐ No
Do you have an effective procedure of monitoring the customers' accounts in order to detect the unusual transactions? If 'Yes', briefly describe the methods (e.g., manual vs. automated): If 'No', please explain:	☐ Yes/ ☐ No
Do you have an established procedure of reporting suspicious activities and transactions to the appropriate authorities? If 'No', please explain:	☐ Yes/ ☐ No

PART II

KNOW YOUR CUSTOMER AND AML PROFILE

1	Countries presenting the business interest to the customer or having the business influence:	
2	In what bank(s) does the client keep its current account(s)	
3	Purpose of investments	
4	How does the customer plan to use the account opened	☐ Carry on the securities transactions and their settlement ☐ Safety ☐ Growth ☐ Income ☐ Speculative ☐ Other _____
5	Expected volume and frequency of transactions (in EUR per month)	
6	Investment Objectives – please state your investment perspective	☐ Short-term (up to 1 year) ☐ Medium term (1 to 5 years) ☐ Long term (over 5 years)
7	Frequency	☐ Often ☐ Regular ☐ Occasional
8	Anticipated average monthly turnover (in EUR) debits only	☐ ≤50 000 ☐ ≤300 000 ☐ ≤1 000 000 ☐ ≤5 000 000 ☐ >5 000 000

9	Anticipated average balance (in EUR)	☐ ≤50 000 ☐ ≤300 000 ☐ ≤1 000 000 ☐ ≤5 000 000 ☐ >5 000 000
10	Level of Risk you are willing to undertake	☐ Slight fluctuations in value (from a current perspective: up to 10% p.a., stronger fluctuations are possible) ☐ Medium-level fluctuations in value (over 10% p.a., in exceptional cases, a complete loss is possible), e.g. equity funds, mixed funds, stocks (e.g. blue chips), foreign currency bonds ☐ Speculative investments which may involve the complete loss of the invested capital because I want to take advantage of a very high earnings potential e.g. low- quality bonds, stocks, warrants ☐ Extremely risky investments which may involve, beyond the complete loss of the invested capital, the demand for additional funds e.g. written options, forward transactions
11	Please state any investments you would like to be avoided	
12	Source of wealth (Please specify)	☐ Business owner ☐ Salary/Earnings ☐ Investment ☐ Other _____
13	Expected origin of funds (i.e. banks, brokers, third parties and countries of their origin), please specify the particular sources	
14	Expected destination of withdrawals (i.e. banks, brokers, third parties and countries of their origin), please specify the particular recipients	

15	Section is to be completed in relation to the customer's principal contact (The person authorised to carry out transactions on behalf of the entity)	☐ Level of education: _____ ☐ Occupation / Profession and / or relevant former profession: _____ ☐ Name of the employee: _____ ☐ Business area _____ ☐ Employment in the financial services sector: _____
16	Financial Status	<u>Legal Entities:</u> Earnings Please insert ≤ or ≥ Ordinary business activities EUR: 5,000,000 Extraordinary/Exceptional EUR: 5,000,000 Reported profit EUR: 5,000,000 Total Liabilities (loans, advances, sureties etc.) EUR: 5,000,000
17	Are you a Politically Exposed Person?	☐ Yes (please specify) ☐ No
18	Are you interested in US securities	☐ Yes (if yes, please provide the appropriate W form) ☐ No
19	Please select the category that is suitable for you:	☐ Retail ☐ Professional Client ☐ Eligible Counterparty

☐ I hereby consent to VM VITA MARKETS LTD that my financial instruments and/or money funds may be held together in an omnibus account (in or outside EU)

☐ I hereby consent to VM VITA MARKETS LTD sending me the account foundation documents and agreements in a durable medium other than on paper to the fax number and/or e-mail address I have provided

Please note:

Where the verification of the client/beneficial owner's identity has not been completed during the designated timeframe of 15 days, the commencement of a business relationship must be terminated on the date of the deadline's expiry and all deposited funds must be returned to the client/beneficial owner, in the same bank account from which they originated The procedure for returning the funds must occur immediately, regardless of whether

the client has requested the return of their funds or not. The returned funds (deposits) include any profits the client has gained during their transactions and deducting any losses incurred

I confirm that I read, understand the procedure for treating open positions and possible returns of funds and provide with my consent:

☐ Yes

☐ No

Signature

Name & Title

PART III

CLIENT CATEGORISATION

1. Please state if you are a licensed /regulated institution from either the European Union or a third country such as:

- ☐ Investment Firm
- ☐ Credit institutions
- ☐ Insurance companies
- ☐ UCITS and their management companies
- ☐ Pension funds and their management companies
- ☐ Other financial institutions authorized or regulated under community or national law
- ☐ Commodity and commodity derivative traders (dealing on own account)
- ☐ National governments and their corresponding offices including public bodies which manage public debt
- ☐ Central banks
- ☐ Supranational organizations

2. Please state if you are:

- ☐ A national or regional government
- ☐ Public body that manages public debt
- ☐ Central Bank
- ☐ International or supranational institution (such as the World Bank, the IMF, the European Investment Bank and other similar international organizations).

3. Please mark those criteria that apply in your case:

- ☐ Balance Sheet Total $\geq$ EUR 20.000.000
- ☐ Net Annual Turnover EUR $\geq$ 40.000.000
- ☐ Own Funds EUR $\geq$ 2.000.000

4. Please state if you are any other institutional investors whose main activity is to invest in financial instruments, including entities dedicated to the securitization of assets or other financing transactions

5. ☐ None of the above

Signature
Name & Title

PART IV**SUITABILITY AND APPROPRIATENESS TEST**

Investment firms cannot provide investment advice or portfolio management without first carrying out the suitability and appropriateness test. According to the European Commission, if at the beginning of a relationship the client refuses to give the information requested by the manager that is relevant for the suitability and appropriateness assessment, the manager may not provide the client with the service, even on the most prudent basis.

Investment firms must assess whether the service they provide to a client is suitable or appropriate for the client's needs and personal circumstances on the basis of information about the client that they have to collect.

The reason for assessing suitability and appropriateness is to enable the firm to act in the client's best interest.

VM VITA MARKETS LTD must have information on your financial situation, investment experience and knowledge to be able to provide a full range of investment services to you and to assess the suitability and appropriateness of the offered investment services to you.

Therefore, we ask you to give answers to all the questions in the following Suitability and Appropriateness Test. In order to assess your application correctly, VM VITA MARKETS LTD will also include in the analysis your responses to the questions in Part I, II, and III of the Due Diligence Questionnaire and will review this as part of Suitability and Appropriateness Test.

Suitability and appropriateness

Within the framework of the Suitability and Appropriateness Test the Company shall assess whether or not the offered services and products are suitable for the achievement of your investment goals and if the degree of risk related to the offered services and products is in accordance with your financial capacities.

Suitability Test (in addition to Part I, II, III of this due diligence Questionnaire)		
1	Full name of the legal entity	
2	Registration number	
3	How much capital do you have to invest?	☐ Cash _____ ☐ Assets _____
4	Please state the types of service with which you are familiar	☐ Portfolio Management ☐ Margin Trading ☐ Foreign Exchange Services ☐ Brokerage ☐ Custody ☐ Investment Advice ☐ Other (please specify)

5	Please state the assets you have (Please specify and state the amount in EUR)	☐ Investments _____ ☐ Liquid Assets: - funds in your savings account _____ - shares of stock, bonds, money market funds _____ - Certificate of Deposit _____ ☐ Other _____
9	Investment goal	☐ Short term liquidity management, covering unexpected costs, travel expenses, home renovation cost, etc.) ☐ Long term savings (e/g/ housing, preparation for the year of retirement, savings for the future of children, grandchildren, etc.) ☐ Making high profit even at the risk of losing the principal amount
10	Investment frequency	☐ No investments up to this date ☐ Few times a year ☐ Monthly ☐ Actively (please specify)
11	Expected Investment frequency:	☐ Few times a year ☐ Monthly ☐ Once a year ☐ Other (please specify) _____
12	Expected amount of investments during the year	Cash_____ Assets_____
13	Which statement is the most applicable to you	☐ The safety of my capital is a major factor for me. I would like to give up any high returns in order to prevent risks. ☐ I expect a higher than average return and I accept higher risks. I am ready to accept the slight decrease of my capital. ☐ I expect high returns and I am ready for high risks even if as a result a considerable part of my capital is at risk. In addition, I invest in a derivative product, the loss may exceed even the amount I have invested in the product.
14	Please mark all the products you know (the characteristics and the risks of the product)	☐ Bonds or other forms of securitized debt (please specify) ☐ Shares ☐ Depository receipts ☐ Treasury Bills ☐ Certificates of Deposit ☐ Options

		☐ Futures ☐ Forwards ☐ Swaps ☐ Derivatives ☐ UCITS (Units in Collective Investment Undertakings) ☐ Financial Contracts for Differences (CFDs). ☐ Other _____
15	Where did you get knowledge about these products? (for person who will make investment decisions for the client – originator)	☐ School ☐ Self-training ☐ Work Experience ☐ Experience through professional activities ☐ Through consultants ☐ Other (Please specify) _____
16	Did you execute before any transactions with any of these instruments? (Please specify)	☐ Yes ☐ No
17	If you responded to the previous question YES, please indicate for how long you have been executing transactions with those instruments.	
18	If you responded YES to the question 17. Please indicate the volume of transactions in such instruments:	
19	If you responded YES to the question 17, please indicate how frequent were your investments?	
20	Have you ever had any other accounts with Investment Firms? (Please specify the name of the Investment Firm and the type of the accounts):	☐ Yes _____ ☐ No

Notice: VM VITA MARKETS LTD will not accept any potential client, unless the questionnaire is fully completed and all documents required are provided

Signature

Name & Title

Date