



ROBOMARKETS LTD

169-171 Arch. Makarios III Ave., floor 8,
3027, Limassol, Cyprus

CORPORATE CLIENT IDENTIFICATION FORM

Name of the Client (as specified in the Letter of Application)	
Letter of Application Date	
Company Details	
Company Name	
Legal Entity Identifier	
Business legal structure	
Business legal type	<input type="checkbox"/> Private companies of limited liability by shares. <input type="checkbox"/> Public companies of limited liability by shares. <input type="checkbox"/> Public and private companies limited by guarantee without share capital. <input type="checkbox"/> Private companies of limited liability by guarantee with share capital. <input type="checkbox"/> European companies (SE). <input type="checkbox"/> Public companies of limited liability by guarantee with share capital. <input type="checkbox"/> Limited partnerships. <input type="checkbox"/> General partnerships. <input type="checkbox"/> Societies. <input type="checkbox"/> Overseas companies. <input type="checkbox"/> Trusts. <input type="checkbox"/> Other: _____
Registration Number	

TEL: +357-25-123275 FAX: +357-25-580077 EMAIL: info@robomarkets.com.cy WEB: www.robomarkets.com.cy

AUTHORIZED AND REGULATED BY THE CYPRUS SECURITIES AND EXCHANGE COMMISSION

LICENSE No: 191/13 | REGISTRATION NUMBER: HE310464



ROBOMARKETS LTD

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Date of Incorporation		
Country of Incorporation		
Registered Office		
Type of License		
Clear description of the main business	1.	
	2.	
	3.	
Supervisory Authority		
Contact Details		
Mailing Address		

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Full name			
Position			
Telephone			
Fax			
E-mail			
Directors	1.	2.	3.
Full Name			
Passport/ID			
Date and Place of Birth			

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Residential Address				
Telephone				
Fax				
E-mail				
Signature Specimen				
Beneficial Owners		1.	2.	3.
Full Name				
Passport/ID				
Date and Place of Birth				
Residential Address				

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Telephone				
Fax				
E-mail				
% owned share				

LOGIN INFORMATION

Security Question	
The verbal password	

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APPROPRIATENESS AND QUALIFICATION TEST

Client status	
National or regional government	
A public body managing public debt	
International institution, such as World Bank, IMF, etc.	
Credit institution	
Investment firm	
Other regulated or authorized financial institution (please, specify):	
Collective investment scheme or its managing company	
Pension fund or its managing company	
Commodity or commodity derivative dealer	
Local	
NONE OF THE ABOVE	
Client financial position	
Balance Sheet	Annual turnover
<input type="checkbox"/> > 20 000 000 EUR	<input type="checkbox"/> > 40 000 000 EUR
<input type="checkbox"/> 10 000 000 – 19 999 999 EUR	<input type="checkbox"/> 20 000 000 – 39 999 999 EUR
<input type="checkbox"/> 5 000 000 – 9 999 999 EUR	<input type="checkbox"/> 10 000 000 – 19 999 999 EUR
<input type="checkbox"/> 1 000 000 – 4 999 999 EUR	<input type="checkbox"/> 5 000 000 – 9 999 999 EUR
<input type="checkbox"/> < 1 000 000 EUR	<input type="checkbox"/> < 5 000 000 EUR

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Own funds	
<input type="checkbox"/> >2 000 000 EUR	
<input type="checkbox"/> 1 000 000 – 1 999 999 EUR	
<input type="checkbox"/> 500 000 – 999 999 EUR	
<input type="checkbox"/> 300 000 – 499 999 EUR	
<input type="checkbox"/> < 300 000 EUR	
Primary type of assets owned (i.e. real estate, moveable property, securities, etc.)	
Source and extent of regular income (annual)	
Investment objectives	
Investment horizon	
<input type="checkbox"/> > 5 years	<input type="checkbox"/> Speculative income
<input type="checkbox"/> 3-5 years	<input type="checkbox"/> Interest income
<input type="checkbox"/> 1-3 years	<input type="checkbox"/> Direct investments
<input type="checkbox"/> < 1 year	<input type="checkbox"/> Other (please, specify) _____
<input type="checkbox"/> Day-trading	
Risk attitude (5-grade scale)	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>

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Disclosure of related parties

Name of related party	Kind of relation

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CLIENT STATUS Investment experience

The size of Client's financial instruments portfolio, including cash deposits exceeds 500 000 EUR (cross off if incorrect)

The Client works and/or has worked in financial sector, executing the above transaction in financial instruments on the regular basis at least one year
(Cross off if incorrect)

	Type of financial instrument	>10 trades per quarter over 4 last quarters? If less – please specify	Each transaction exceeds 10 000 EUR? If less – please specify
1.	Complex derivatives (please, specify)	FX	
		CFD	
2.	Margin trades		

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PAYMENT DETAILS

Deposit funds

Please specify the payment option that will be used for depositing the company's funds and fill in the payment details.

If you do not intend to use the one or more payment options listed below, leave these fields empty.

<input type="checkbox"/> Bank transfer	<input type="checkbox"/> Bank card	<input type="checkbox"/> Electronic payment system
Beneficiary:	Beneficiary:	Beneficiary:
Beneficiary's account number:	First 6 digits of the beneficiary's bank card:	Beneficiary's account number:
Bank name:	Last 4 digits of the beneficiary's bank card:	Beneficiary's email in the Payment system:
Bank swift:	Bank card issuer:	Beneficiary's address:
Correspondent account:	Bank card issuer country:	Payment system:
Correspondent Bank's Account:		
Correspondent SWIFT:		
Additional information:		

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Withdraw funds

Please specify the details of the payment option that will be used for withdrawing the company's funds.
If you do not intend to use the one or more payment options listed below, leave these fields empty.

<input type="checkbox"/> Bank transfer		<input type="checkbox"/> Bank card		<input type="checkbox"/> Electronic payment system	
<input type="checkbox"/> I will use the same bank account as in the deposit option section for withdrawing the company's funds		<input type="checkbox"/> I will use the same bank card as in the deposit option section for withdrawing the company's funds		<input type="checkbox"/> I will use the same electronic payment system as in the deposit option section for withdrawing the company's funds	
Beneficiary:		Beneficiary:		Beneficiary:	
Beneficiary's account number:		First 6 digits of the beneficiary's bank card:		Beneficiary's account number:	
Bank name:		Last 4 digits of the beneficiary's bank card:		Beneficiary's email in the Payment system:	
Bank swift:		Bank card issuer:		Beneficiary's address:	
Correspondent account:		Bank card issuer country:		Payment system:	
Correspondent bank's account:					
Correspondent SWIFT:					
Additional information:					

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Authorized Persons

Authorized Persons			
Full Name			
Term of Authority			
Passport/ID			
Date and Place of Birth			
Residential Address			
Profession			
Telephone			
Fax			
E-mail			
Expiration Date			
Signature Specimen			

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By signing the present Identification Form the Client warrants and represents that all information contained herein is full, correct and not misleading. The Client understands that in case, if the information provided is incorrect, **RoboMarkets Ltd** is unable to decide on suitability and appropriateness of services to the Client. The Client undertakes to inform **RoboMarkets Ltd** on any changes in the information provided by forwarding to **RoboMarkets Ltd** appropriate pages duly signed. The Client hereby agrees/refuses (cross off) to provide documents confirming the information.

Date of signature: _____

Client Signature: _____

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