

CLIENT QUESTIONNAIRE

For the purpose of providing good service, protection and promotion of your interests, it is important for you to provide us with the necessary information data regarding yourself. Please take all steps in order to complete this questionnaire fully and precisely.

A. CLIENT DATA		
LEGAL PERSON		
Name:	Place and Registration No.:	Form of Legal Person:
Legal Entity Identifier (LEI):	LEI's Expiry Date:	
Telephone number:	Fax:	E-mail:
Registered Office / Seat:		
Main Business:		
Correspondence Address (if different):		
Data of Representatives of Legal Person (Directors / Members of Management Committee)		
1. Name:	Surname:	Father's Name:
Date and Place of Birth:		
Nationality:		
Identity Card number (for Cypriot citizens):		Identity Card's Expiry Date:
Passport Number and Country of Issue:		Passport's Expiry Date:

Profession and Employer's Name:		
Home Address:		
Work Address:		
Correspondence Address:		
<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other (please specify):		
Home telephone number:	Work telephone number:	Mobile number:
Fax:	E-mail:	
Country of tax residence:		
<input type="checkbox"/> Cyprus <input type="checkbox"/> USA <input type="checkbox"/> Other (please specify):		
Tax Identification Number:		
Relationship of Representative with Client: Director / Member of Management Committee <i>(delete and/or add accordingly)</i>		
2. Name:	Surname:	Father's Name:
Date and Place of Birth:		
Nationality:		
Identity Card number (for Cypriot citizens):		Identity Card's Expiry Date:
Passport Number and Country of Issue:		Passport's Expiry Date:



Profession and Employer's Name:		
Home Address:		
Work Address:		
Correspondence Address: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other (please specify):		
Home telephone number:	Work telephone number:	Mobile number:
Fax:	E-mail:	
Country of tax residence: <input type="checkbox"/> Cyprus <input type="checkbox"/> USA <input type="checkbox"/> Other (please specify):		
Tax Identification Number:		
Relationship of Representative with Client: Director / Member of Management Committee <i>(delete and/or add accordingly)</i>		
Process Agent (if Client is not incorporated, established or constituted in the Republic of Cyprus)		
Name of process agent (which must be a Cyprus law firm/accounting firm)		
Address of process agent:		
Fax:		

B. ATTACHMENTS

Please attach to this questionnaire, where applicable, the following documents:

- (a) Certified copy* of the Memorandum and Articles.
- (b) Certified copy* of the Certificate of Incorporation / Registration and where the Client trades by a business name, certified copy of the Certificate of Business Name.
- (c) Where you are a public company, certificate from the Registrar of Companies that the company is able to commence business.
- (d) Original Certificate of Directors of a date of issue not more than thirty (30) Business Days from the date of receiving the above questionnaire.
- (e) Certified copy* of the Certificate of Shareholders (in the case of private company) / Partners / Members.
- (f) Certified copy* of a resolution of the board of directors or other appropriate board or body for your representation by us and/or by your director/s and/or by a third person (if applicable)
- (g) True copy* of the Identity Card and/or Passport of representative/s (director/s).
- (h) True copy* of the utility bill account (such as Electricity Authority or Telecommunications Authority) or other document to our satisfaction confirming your representative/s (director/s) permanent address. The utility bill account should not be older than 6 months.
- (i) True copy* of the Identity Card or Passport of the Authorised Representative / Attorney (if applicable).
- (j) True copy* of the utility bill account (such as Electricity Authority or Telecommunications Authority) or other document to our satisfaction confirming your Authorised Representative / Attorney (if applicable) permanent address. The utility bill account should not be older than 6 months.

* True copies are accepted only when these are certified by an employee of CISCO or the Bank of Cyprus.

In case the Client is a legal person of a foreign country, you must submit all documents requested and approved by us depending on your country of origin.

Provided that the above documents are not exhaustive and the Company may require additional documents where this shall be deemed necessary or becomes necessary pursuant to legislation / regulations / directives.

C. CLIENT'S DECLARATION

I confirm that I have read carefully the content of this questionnaire and that I have provided all the required information which concerns me and I hereby declare and confirm that this is true and correct and that I have not withheld any relevant or substantial information. Further, I undertake to inform you immediately in writing of any change of this information.

I confirm that I have delivered all that is required in accordance with Part B above and that these are genuine and authentic and their contents are true and correct.

Full name: _____

Signature: _____

Date: _____