

CLIENT INVESTMENT PROFILE

VELES INTERNATIONAL LIMITED
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|--|--|--|--|-------------------------------------|--|
| NAME OF THE CUSTOMER | | | | | |
| REGISTRATION DETAILS (FOR LEGAL ENTITIES) | Country | | | | |
| | Date | | | | |
| | Registering authority | | | | |
| | Registration number | | | | |
| PASSPORT/IDENTIFICATION CARD DETAILS (FOR INDIVIDUALS) | Number | | | | |
| | Series | | | | |
| | Issue date | | | | |
| | Issuing authority | | | | |
| | Date of birth | | | | |
| REGISTERED ADDRESS/PLACE OF RESIDENCE | | | | | |
| CUSTOMER'S CLASSIFICATION | <input type="checkbox"/> Fund | <input type="checkbox"/> Expert individual acting as an investor or speculator | | | |
| | <input type="checkbox"/> Trust | <input type="checkbox"/> Corporate entity in the following organizational form: ¹ | | | |
| | <input type="checkbox"/> Private enterprise | | | | |
| | <input type="checkbox"/> Government agency or public authority | <input type="checkbox"/> Other _____ | | | |
| | | | | | |
| CUSTOMER'S EXPERIENCE WITH FINANCIAL INSTRUMENTS | Level | <input type="checkbox"/> Extensive | <input type="checkbox"/> Moderate | <input type="checkbox"/> Little | <input type="checkbox"/> No experience |
| | | Transactions | | | |
| | | Type | | | |
| | | Nature of financial instruments | | | |
| | | Volume | | | |
| | Frequency of execution | | | | |
| INVESTMENT GOALS | Financial instruments | <input type="checkbox"/> Equities | <input type="checkbox"/> Promissory notes | | |
| | | <input type="checkbox"/> Corporate bonds | <input type="checkbox"/> Other instrument: | | |
| | | <input type="checkbox"/> Government or municipal bonds | <input type="checkbox"/> Other instrument: | | |
| | Duration of investment | <input type="checkbox"/> Long-term | <input type="checkbox"/> Medium-term | <input type="checkbox"/> Short-term | |
| | | <input type="checkbox"/> High | <input type="checkbox"/> Medium | <input type="checkbox"/> Low | |
| | Level of investment risk | From (USD) | | | |
| | | To (USD) | | | |
| SOURCE OF FUNDS | <input type="checkbox"/> Own | <input type="checkbox"/> Loan | <input type="checkbox"/> Client's funds | | |
| PERSONS ON WHICH BEHALF CUSTOMER IS ACTING | | | | | |
| DESCRIPTION OF OWNERSHIP STRUCTURE OF THE CUSTOMER (THROUGH TO THE ULTIMATE PARENT) | | | | | |
| DESCRIPTION OF THE CUSTOMER'S BUSINESS | Types of transactions/services the Customer renders | | | | |
| | Types of Customer's clients | | | | |
| AUTHORITY REGULATING CUSTOMER'S ACTIVITIES | Name | | | | |
| | Details of licenses | | | | |
| PRINCIPAL ASSETS OF THE CUSTOMER | | | | | |

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| | <p>I _____,</p> <p align="center"><i>Last, first, middle, name</i></p> <p>DULY AUTHORIZED BY AND ACTING ON BEHALF OF</p> <p>_____</p> <p align="center"><i>Name of the Customer</i></p> <p>HEREBY CONFIRM THE ABOVE INFORMATION IS COMPLETE, TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF.</p> <p>_____ Date/ <input type="checkbox"/><input type="checkbox"/> <input type="checkbox"/><input type="checkbox"/> <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p align="center"><i>Signature Date Month Year</i></p> |
|--|---|

SEAL

¹ Please describe organizational form.