

Investor Questionnaire

A. Applicant Information

1. Legal name

2. Form of Incorporation

Private company Public company Partnership Trust

Other (please provide details)

3. Registration details

Reg. date Reg. country

Reg. number Reg. document

Issued by

Authorized capital:

4. LEI code

5. Authorized contact details (in cases of custody/brokerage accounts will be used as official)

<input type="text"/>	<input type="text"/>
registered office address	correspondence address (if different)
<input type="text"/>	<input type="text"/>
telephone	telephone
<input type="text"/>	<input type="text"/>
fax	fax
<input type="text"/>	<input type="text"/>
e-mail	e-mail
<input type="text"/>	<input type="text"/>
website	website
<input type="text"/>	<input type="text"/>
contact person(s)	contact person(s)

6. Authorized Executive

Mr Ms
last name, middle name, first name

Director Attorney Other (please provide details)

Appointment date Valid until

If acting subject to Power of Attorney, please provide date and number

7. Your capacity

Principal Agent Both

B. MiFID Categorisation

Please mark from the list below the description that best describes your case

8. Regulated firm

Other regulated Institutional Investor (Please provide details)

If you have selected any of the choices stated above, please provide information about your authorization credentials (see below)

authorising / regulating authority license reference regulator's website¹

9. Government Body

- National Government or a corresponding office (including public bodies that deal with public debt, Central Banks and Supranational organizations)
- Regional Government or a corresponding office (including public bodies that deal with public debt) OR an International Organisation.

10. Other Non-regulated Institutional Investor whose main activity is to invest in financial instruments

- Entity (SPV) dedicated to the securitization of assets (additional information to be provided)
- Hedge Fund
- Other (please provide details)

11. Large Undertakings meeting certain size criteria Please mark at least 2 applicable criteria and enclose a copy of your latest financials

- Balance Sheet Total EUR 20.000.000
- Net turnover EUR 40.000.000
- Own Funds EUR 2.000.000

12. None of the above Please mark at least 2 applicable criteria and enclose supporting documents

- Entity has carried out transactions in significant size on the relevant market at an average frequency of 10 per quarter over the previous four quarters
- Entity's financial instrument portfolio defined as including cash deposits and financial instruments exceeds EUR 500.000
- The person who will make the investment decisions for the envisaged accounts works or has worked in the financial sector for at least one year in a professional position which requires knowledge of the transactions or services envisaged

C. AML Risk Evaluation

Not applicable for Firms regulated in the EEA & Equivalent 3rd countries

13. Bearer Shares. Please state whether your Company:

- Is not allowed to issue bearer shares
- Has the right, according to its constitutional documents to issue bearer shares or to convert registered shares to the bearer
- Has bearer shares in issue
- Does not have bearer shares in issue

14. Politically Exposed Persons (PEPs)². Please state whether any of the natural persons stated here below is a PEP²

Any natural person ultimately controlling more than 25% of the Company's voting rights

- False True, please give more details

Any of the authorized executives of the Company

- False True, please give more details

D. General Information

Not applicable for Firms regulated in the EEA & Equivalent 3rd countries

15. Bank accounts to be used in your dealings with Atonline Limited

Note we can only accept bank details for which the account name is the same as the Client name

- Beneficiary
- Beneficiary Account
- Beneficiary Bank
- Intermediary Bank
- Beneficiary Bank SWIFT CODE
- Account with intermediary Bank
- Intermediary Bank SWIFT CODE

Important Notice:

The declaration of at least one bank account (kept at a trust-worthy financial institution) is mandatory, since Atonline Limited does not deal in cash. It is necessary that you are the sole beneficiary of the declared accounts. We reserve the right to reject any of the accounts that are declared herebelow. Third party inward/outward transfers from/to bank accounts other than the ones declared herebelow are still possible in exemplary cases, but will be subject to strict scrutiny and we reserve the right not to accept them.

You can provide this information separately in SSIs.

16. Has your entity issued any securities that are listed on a regulated market? If “yes”, please provide details herebelow

Yes No

Regulated Market	Mnemonic code	ISIN	Type of security
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

17. Provide a description of the corporate entity business

18. Countries where you seek to do business or having an influence on your business

19. The ownership structure of this particular entity – through to the ultimate beneficial owner(s) (natural persons) (diagram of the whole legal structure would help)

20. Does the company apply AML procedures? If Yes, please provide us with a copy of AML policy and complete the enclosed “AML Questionnaire”

No Yes

21. Are there any transfers with affiliated or related parties expected to be carried out using this account?

No Yes, please indicate turnover

22. Anticipated average monthly turnover (in USD) debits only

≤ 50 000 ≤ 300 000 ≤ 1 000 000 ≤ 5 000 000 > 5 000 000

23. Anticipated average balance (in USD) (applicable only if you have opted for our custody services)

≤ 50 000 ≤ 300 000 ≤ 1 000 000 ≤ 5 000 000 > 5 000 000

24. Do other parties affiliated or related to you keep an account with Atonline Limited? If “Yes” please provide details below

No Yes

Explanatory Note: This information is collected to enable us to calculate exposures on a single risk basis taking into account situations where your financial distress could lead to the financial distress of the persons affiliated or related to you and vice versa.


Account number	Account holder	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

25. Please provide the information on the source of wealth and supporting documentation:

1 Please provide the link to the place on your authorizing / regulating authority’s webpage where the details of entities authorized / regulated by it are stated. If your regulator does not provide this facility, please enclose a copy of your license.

2 ‘Politically exposed person’ means a natural person who is or who has been entrusted with prominent public functions in the Republic or in another country, an immediate close relative of such person as well as a person known to be a close associate of such person:

More information can be found here <https://www.cysec.gov.cy/CMSPages/GetFile.aspx?guid=94659b77-3789-4866-863a-2d23e4a58ebd>

<input type="text"/>	✓	
name(s)	signature(s)	
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position	e-mail	
<input type="text"/>	<input type="text"/>	
duly authorized for and on behalf of	date	

Anti-Money Laundering Questionnaire

Important note: This questionnaire must be completed ONLY if your company applies AML procedures, either on its own or through an agent. If this is the case, in addition to completing the AML Questionnaire, you shall also provide us with a copy of your AML Policy.

General AML Policies, Practices and Procedures

1. Is the AML compliance program approved by your company's board or a senior committee? Yes No
2. Does your company have a legal and regulatory compliance program that includes a designated officer that is responsible for coordinating and overseeing the AML framework? Yes No
3. Has your company developed written policies documenting the processes that you have in place to prevent, detect and report suspicious transactions? Yes No
4. In addition to inspections by the government supervisors/regulators, does your company have an internal audit function or other independent third party that assesses AML policies and practices on a regular basis? Yes No
5. Does your company have a policy prohibiting accounts/relationships with shell banks? (A shell bank is defined as a bank incorporated in a jurisdiction in which it has no physical presence and which is unaffiliated with a regulated financial group.) Yes No
6. Does your company have policies to reasonably ensure that it will not conduct transactions with or on behalf of shell banks through any of its accounts or products? Yes No
7. Does your company have policies covering relationships with Politically Exposed Persons (PEPs), their family and close associates? Yes No
8. Does your company have record retention procedures that comply with applicable law? Yes No
9. Are the company's AML policies and practices being applied to all branches and subsidiaries of the company both in the home country and in locations outside of that jurisdiction? Yes No

Risk Assessment

10. Does your company have a risk-based assessment of its customer base and their transactions? Yes No
11. Does your company determine the appropriate level of enhanced due diligence necessary for those categories of customers and transactions that your company has reason to believe pose a heightened risk of illicit activities at or through your company? Yes No

Know Your Customer, Due Diligence and Enhanced Due Diligence

12. Has your company implemented processes for the identification of those customers on whose behalf it maintains or operates accounts or conducts transactions? Yes No
13. Does your company have a requirement to collect information regarding its customers' business activities? Yes No
14. Does your company assess its customers' AML policies or practices? Yes No
15. Does your company have a process to review and, where appropriate, update customer information relating to high risk client information? Yes No
16. Does your company have procedures to establish a record for each new customer noting their respective identification documents and 'Know Your Customer' information? Yes No
17. Does your company complete a risk-based assessment to understand the normal and expected transactions of its customers? Yes No

Reportable Transactions and Prevention and Detection of Transactions with Illegally Obtained Funds

18. Does your company have policies or practices for the identification and reporting of transactions that are required to be reported to the authorities? Yes No
19. Where cash transaction reporting is mandatory, does your company have procedures to identify transactions structured to avoid such obligations? Yes No
20. Does your company screen customers and transactions against lists of persons, entities or countries issued by government competent authorities? Yes No

21. Does your company have policies to reasonably ensure that it only operates with correspondent banks that possess licenses to operate in their countries of origin? Yes No

Transaction Monitoring

22. Does your company have a monitoring program for unusual and potentially suspicious activity that covers funds transfers and monetary instruments such as travelers' checks, money orders, etc? Yes No

AML Training

23. Does your company provide AML training to relevant employees that includes: Yes No

- Identification and reporting of transactions that must be reported to government authorities.
- Examples of different forms of money laundering involving the FI's products and services.
- Internal policies to prevent money laundering.

24. Does your company retain records of its training sessions including attendance records and relevant training materials used? Yes No


25. Does your company communicate new AML related laws or changes to existing AML related policies or practices to relevant employees? Yes No

26. Does your company employ third parties to carry out some of the functions of the company? Yes No

27. If the answer to question 26 is Yes, does your company provide AML training to relevant third parties that includes: Yes No

- Identification and reporting of transactions that must be reported to government authorities.
- Examples of different forms of money laundering involving the company's products and services.
- Internal policies to prevent money laundering.

Additional information

<input type="text"/>	✓	<input type="text"/>	
name(s)		signature(s)	
<input type="text"/>		<input type="text"/>	
position		e-mail	
<input type="text"/>		<input type="text"/>	
duly authorized for and on behalf of		date	seal

Sanctions Exposure Questionnaire. Part 1

1. Does the company has any sanctioned party as a client? Yes No

Sanctioned Party means any individual or entity specified in the following lists:

- EU restrictive measures: <https://data.europa.eu/euodp/data/dataset/consolidated-list-of-persons-groups-and-entities-subject-to-eu-financial-sanctions/resource/3a1d5dd6-244e-4118-82d3-db3be0554112>
- OFAC's Sanctions List: <https://www.treasury.gov/resource-center/sanctions/SDN-List/Pages/default.aspx>
- US Sectoral Sanctions Identifications (SSI) List: https://www.treasury.gov/resource-center/sanctions/SDN-List/Pages/ssi_list.aspx
- UK HM Treasury Sanction List: <https://www.gov.uk/government/publications/financial-sanctions-consolidated-list-of-targets/consolidated-list-of-targets>
- United Nations Security Council Sanctions List: <https://www.un.org/sc/suborg/en/sanctions/un-sc-consolidated-list>

If Yes, please specify details of the sanctioned party and explain cooperation

2. Does the company has any sanctioned party as a business partner, counterparty, affiliated company ? Yes No

If Yes, please specify details of the sanctioned party and explain cooperation

3. Does the company has any sanctioned party in the ownership structure? Yes No

If Yes, please specify the details of the sanctioned party and the % of ownership

4. Does the Company have, or plan to have a presence or business interest in any of the following countries: Iran, Sudan, North Korea, Syria, Cuba? Yes No

If Yes, please provide the details

5. Does the Company have, or plan to have a presence or business interest in Crimea/Sevastopol Regions? Yes No

If Yes, please provide the details

6. Do you screen your clients, business parties, counterparties against sanction lists on onboarding and during the customer life cycle? Yes No


If Yes, please specify the lists and the provider of your sanction lists

7. Do you screen your clients' transactions against sanction lists? Yes No

If Yes, please specify the lists, the providers of your sanction lists and summary of the controls

8. Will any transactions executed with us end up benefiting a sanctioned party? Yes No

If Yes, please explain

<input style="width: 95%; height: 20px;" type="text"/> <small>name(s)</small>	✓	<input style="width: 95%; height: 20px;" type="text"/> <small>signature(s)</small>	
<input style="width: 95%; height: 20px;" type="text"/> <small>position</small>		<input style="width: 95%; height: 20px;" type="text"/> <small>e-mail</small>	
<input style="width: 95%; height: 20px;" type="text"/> <small>duly authorized for and on behalf of</small>		<input style="width: 95%; height: 20px;" type="text"/> <small>date</small>	

Sanctions Exposure Questionnaire. Part 2

We hereby inform you that the Company, when making transactions with securities, including foreign financial instruments, acts in accordance with the requirements of the legislation, uses its best efforts available in the existing circumstances for finding out among its customers legal entities and physical persons which (whose) personal (registration) data coincide with the personal data of the persons included in the lists specified below:

<https://www.treasury.gov/ofac/downloads/sdnlist.pdf>

<https://data.europa.eu/euodp/data/dataset/consolidated-list-of-persons-groups-and-entities-subject-to-eu-financial-sanctions>

and uses its best efforts available in the existing circumstances for prevention of situations upon which the monetary resources processing by Atonline Limited or deals concluded with Atonline Limited can result in provision of any financial benefit, whether directly or indirectly, to any legal entity or physical person included in the lists specified above or is registered, located or operates in any country or other territory subject to a general import, financial or investment embargo under Sanctions.

The Company undertakes to reimburse Atonline Limited for any costs and damages (including legal costs and penalties) factually incurred as a result of breach of this guaranty given by the Company.

<input style="width: 95%;" type="text"/>	✓	<input style="width: 95%;" type="text"/>	
name(s)		signature(s)	
<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>	
position		e-mail	
<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>	
duly authorized for and on behalf of		date	

MiFID II Annex

1. Is your company subject to MiFID II?

- No (Please proceed to question 2)
- Yes

Please indicate if your firm is classified as:

- Systematic Internaliser
- Please specify a class of financial instruments
- Please put your Market Identifier Code (MIC)
- MTF (Multilateral Trading Facility)
- OTF (Organised Trading Facility)
- None of the above

2. Decision Maker Information

Please provide information regarding the Decision Maker of your company.
(Information provided relates to the person responsible for the order to be submitted to Atonline Limited)

Capacity of the Decision Maker

- Employee of the Legal Entity (please proceed to signing)
- An individual (not an employee of the legal entity you represent) was engaged to make investment decisions on your behalf (i.e. power of attorney). Please provide more details in A below
- Another Legal Entity was appointed to make investment decisions. Please provide more details in B below
- Algorithm
- Other, please specify

A. In case the decision maker is an individual who is not acting in his capacity as employee of your firm please provide the following information:

Name Date of birth

Nationality of the Decision Maker - please tick below and provide Identifier's details

DECISION MAKER NATIONALITY	COUNTRY CODE	COUNTRY	IDENTIFIER 1ST PRIORITY	IDENTIFIER 2ND PRIORITY
<input type="checkbox"/>	AT	Austria	Please enclose a passport/ID copy	
<input type="checkbox"/>	BE	Belgium	<input type="text"/>	
<input type="checkbox"/>	BG	Bulgaria	<input type="text"/>	
<input type="checkbox"/>	CY	Cyprus	<input type="text"/>	
<input type="checkbox"/>	CZ	Czech Republic	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	DE	Germany	Please enclose a passport/ID copy	
<input type="checkbox"/>	DK	Denmark	<input type="text"/>	
<input type="checkbox"/>	EE	Estonia	<input type="text"/>	
<input type="checkbox"/>	ES	Spain	<input type="text"/>	
<input type="checkbox"/>	FI	Finland	<input type="text"/>	
<input type="checkbox"/>	FR	France	Please enclose a passport/ID copy	
<input type="checkbox"/>	GB	United Kingdom	<input type="text"/>	
<input type="checkbox"/>	GR	Greece	<input type="text"/>	

<input type="checkbox"/>	HR	Croatia	<input type="text"/>	
<input type="checkbox"/>	HU	Hungary	Please enclose a passport/ID copy	
<input type="checkbox"/>	IE	Ireland	Please enclose a passport/ID copy	
<input type="checkbox"/>	IS	Iceland	<input type="text"/>	
<input type="checkbox"/>	IT	Italy	<input type="text"/>	
<input type="checkbox"/>	LI	Liechtenstein	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	LT	Lithuania	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	LT	Luxembourg	Please enclose a passport/ID copy	
<input type="checkbox"/>	LV	Latvia	<input type="text"/>	
<input type="checkbox"/>	MT	Malta	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	NL	Netherlands	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	NO	Norway	<input type="text"/>	
<input type="checkbox"/>	PL	Poland	<input type="text"/>	
<input type="checkbox"/>	PT	Portugal	<input type="text"/>	
<input type="checkbox"/>	RO	Romania	<input type="text"/>	
<input type="checkbox"/>	SE	Sweden	<input type="text"/>	
<input type="checkbox"/>	SI	Slovenia	<input type="text"/>	
<input type="checkbox"/>	SK	Slovakia	<input type="text"/>	
<input type="checkbox"/>	Other country	<input type="text"/>	<input type="text"/>	<input type="text"/>


B. If the Decision Maker is a Legal Entity:

Name

Country of incorporation Date of incorporation

Registration number LEI-code

Registered address

<input type="text"/>	✓	
name(s)	signature(s)	
<input type="text"/>	e-mail	
<input type="text"/>	date	
duly authorized for and on behalf of		