

APPLICATION FORM (LEGAL PERSON)

For the purpose of offering good service, and promotion of your interests, it is important that you provide us with the necessary data regarding yourself. Please take all steps to complete, as clearly and precisely as possible, this Questionnaire whose aim is to provide Performance Ronnaru Company Ltd the required information in accordance with the provisions of the Investment Services and Activities and Regulated Markets Law of (Law 87(I)/2017) so that to enable Performance Ronnaru Company to assess your requirements and objectives and determine your investment profile. Should there be any material change in your circumstances please notify us. All information received will be treated in confidentiality.

CLIENT CATEGORIZATION DATA
Please mark with 🗹 all applicable fields:
1. Entities which are required to be authorized or regulated to operate in the financial Markets such as: (a) Credit institutions; □ (b) IFs; □ (c) Other authorized or regulated financial institutions; □ (d) Insurance undertakings; □ (e) Collective investment schemes and management companies of such schemes; □ (f) Pension funds and management companies of such funds; □ (g) Commodity and commodity derivatives dealers; □ (h) Locals; □ (i) Other institutional investors □
 2. Large undertakings meeting two of the following size requirements, on a proportional basis: a. balance sheet total at least 20,000,000 EUR □ b. net turnover at least 40,000,000 EUR □ c. own funds at least 2,000,000 EUR □ 3. National and regional governments, public bodies that manage public debt, central banks, international and
supranational institutions such as the World Bank, the Internal Monetary Fund, the European Central Bank, the European Investment Bank and other similar international organizations.
4. Other institutional investors whose main activity is to invest in financial instruments, including entities dedicated to the securitization of assets or other financing transactions. \Box
5. None of the above \square
INFORMATION FOR LEGAL ENTITY
Company/Legal Entity Name/Registered Name
Trade/Brand Name(s)
Country of Taxation:
Tax Identification Number
LEI



Company Registration No:						
Registration Date:						
Country of Incorporation:						
Country(ies) of Activity(ies):						
Description of business (please provactivites):	ride a full description of main					
Legal Form:						
No. of Employees:						
Source of Funds (origin for the acco	unt opening)					
Currency of transactions:		EUR 🗆	USD □	GBP	□ JPY □	
Address of Registered Office:						
Postal Code:	Town/City:	Country:				
Address of Main Office (if different	from above):					
Postal Code:	Town/City:	Country:				
Tel:	Tel 2:	Fax:				
Mailing Address:						
Postal Code:	Town/City:	Country:				
E-mail:						
Web-site URL:						
Preferred means and modes of com	munication: Post	Email				
GROUP INFORMATION (IF APPLICAE	BLE)					
Group Name:						
Main Activities of the Group:						
Principal activities of the legal entity	(detailed description)					
Is the engaged in the provision of fin	ancial and investment services?				YES 🗆	NO 🗆
Is the Client a Subsidiary Company (i	f yes, please provide details and org	anizational cha	rt of the Gro	oup)	YES 🗆	NO □



Do any Client's activities req and copy of license)	uire a license from a Governme	ent or Regulator	y Authority (if yes, pleas	e provide details of activity YES □ NO □
Annual Turnover:	Other Income:	Ne	et Profit & Loss:	
TYPE OF BUSINESS ACTIVIT specify as approp		Regulator	License Number	Date Acquired
	dit, Investment, Insurance, nent Institution (including			
☐ Regulated Banking, Cre Custody or Fund Managen Broker-Dealers) from Non				
☐ Regulated Collective In from EU Country	vestment Scheme/Company			
☐ Regulated Collective Inform Non- EU Country	vestment Scheme Company			
☐EU Public Authority				
☐Non-EU Public Authority	,			
□Other Public Company (on regulated stock market)			
☐Private Company				
□Private Company with B	earer Shares			
☐ Trust				
☐ Society				
☐ Other – please specify:				
BANK DETAILS				
Expected origin of incoming	g funds			
Expected destination of par	yment			
Bank Country Location (i.e	EEA/non-EEA)			
Institution Name				
Bank Account Number				
Beneficiary Name				
Beneficiary Account				
Intermediary Bank				
Bank SWIFT CODE				



Account with intermediary Bank			
Intermediary Bank SWIFT CODE			
INFORMATION ON THE MEMBERS OF THE BOAR	RD OF DIRECTORS OF	THE LEGAL ENTITY	
Name of Director:			
Surname:			
Permanent Residential Address:			
I.D./Passport Number:	Date of Issue:	Date of Expiry:	Issuing Authority:
Name of Director: Surname:			
Permanent Residential Address:			
I.D./Passport Number:	Date of Issue:	Date of Expiry:	Issuing Authority:
Name of Director: Surname:			
Permanent Residential Address:			
I.D./Passport Number:	Date of Issue:	Date of Expiry:	Issuing Authority:
Name of Director: Surname:			
Permanent Residential Address:			
I.D./Passport Number:	Date of Issue:	Date of Expiry:	Issuing Authority:
INFORMATION ON THE REGISTERED SHAREHOL	DERS OF THE LEGAL E	NTITY	
Name of the Registered Shareholder:			% Shares:
Surname:			
I.D./Passport Number:	Date of Issue:	Date of Expiry:	Issuing Authority:
Permanent Residential Address:			
Name of the Registered Shareholder:			% in the Shares:
Surname:			
I.D./Passport Number:	Date of Issue:	Date of Expiry:	Issuing Authority:
Permanent Residential Address:			
INFORMATION ON THE ULTIMATE BENEFICIAL (OWNERS (PHYSICAL P	ERSONS) OF THE LEGAL E	NTITY



Name of the Ultimate Beneficial Owner: Surname:		% in the Shares:		
Permanent Residential Address:				
I.D./Passport Number:		Date of Issue:	Date of Expiry:	Issuing Authority:
Name of the Ultimate Beneficial O	wner:			%in the Shares:
I.D./Passport Number:		Date of Issue:	Date of Expiry:	Issuing Authority:
Permanent Residential Address:				
Authorized representatives will be the knowledge and experience of these in the second state of the second	individuals in Financial	Instruments a	and Investment Services s d complete this page for	each additional authorized
along with this application Name:				
Surname				
Position within Organization:				
Telephone:				
·				
E-mail:				
ID/Passport No:				
Education Level (please mark the h	igher acquired level):			
□Primary – Secondary				
☐ University Degree				
□Postgraduate Degree or profess	ional qualification in no	on-finance rel	ated subjects	
☐ Postgraduate Degree or profess	sional qualification in fi	nance related	subjects	
Knowledge and experience				
Please mark with an v the applicable boxes:	I have the necessary e and knowledge to und risks involved		I have invested for my o third persons on:	own account/or on behalf of



Such as ordinary shares, non- derivative bonds &UCITS units	[
Complex Financial Instruments such as rights, forward rate agreements, contracts for difference & other derivative contracts	_	<u> </u>		
What is the average value per transa- to the transactions that you have car own account or on behalf of others o 2 years?	ried out for your ver the last	□0 (I have no □Up to €10,0 □€10,001 – € □ €50,001 – □Over €100,0	50,000 €100,000	
How many transactions on Financial have you carried out on an average, or basis for your own account or on behover the last two years?	on an annual	□0 (I have no □Less than 1 □11-50 □ 51 - 100 □ More than		
AUTHORISED REPRESENTATIVE 2				
Name:				
Surname				
Position within Organization:				
Telephone:				
E-mail:				
ID/Passport No:				
Education Level (please mark the hi	gher acquired level):			
□Primary – Secondary				
□University Degree				
□Postgraduate Degree or profession	al qualification in non-	finance relate	ed subjects	
□Postgraduate Degree or profession	al qualification in finar	nce related su	bjects	
Experience and Knowledge				
	I have the necessary e and knowledge to und risks involved		I have invested for my own account/or of third persons on:	on behalf of
Such as ordinary shares, non- derivative bonds &UCITS units	С			

Regulated by the Cyprus Securities and Exchange Commission (CySEC) License No.253/14



Complex Financial Instruments such					
as rights, forward rate agreements,					
contracts for difference & other					
derivative contracts					
What is the average value per transactions	ction in relation to	□0 (I have n	ot carried out any transactions)		
the transactions that you have carrie		□Up to €10,	000		
own account or on behalf of others o	E10,001 e30,000				
last 2years?		□€50,001 -			
		□Over €100			
How many transactions on Financial I	 Instruments	□0 (I have n	ot carried out any transactions)		
have you carried out on an average, o	on an annual basis	□Less than 1	□Less than 10		
for your own account or on behalf of	f others	□11-50			
over the last two years?		□51 - 100			
		☐More than	101		
POLITICAL EXPOSED PERSONS					
			peen entrusted with prominent public functions in the		
Republic or in another country, an im	nmediate close relativ	<i>ve</i> of such perso	on as well as a person known to be a <i>close associate</i> of		
such person; 'prominent public functi	<i>ion'</i> means any of the	e following pub	lic functions:		
(a) heads of State, heads of gov					
	_		rs of the governing bodies of political parties;		
			r high-level judicial bodies, the decisions of which are		
	except in exceptional	circumstances	; members of courts of auditors or of the boards of		
central banks;	11.1	· · · ·			
(f) ambassadors, chargés affair					
	_		odies of State-owned enterprises;		
(i) mayor	and members of the	board or equiv	alent function of an international organization;		
	ed nerson': snouse o	or nerson equiv	alent to a spouse, children and their spouses, or persons		
considered to be equivalent to a spou		, person equiv	ment to a spouse, emarch and then spouses, or persons		
1		son: who is kno	own to have joint beneficial ownership of legal entities o		
			ly exposed person; who has sole beneficial ownership of		
			or the de facto benefit of a politically exposed person of		
a politically exposed person.	THEIR IS KNOWN to Have	c been set up it	of the defacto benefit of a politically exposed person of		
a politically exposed person.					
	entrusted with a pu	blic function (N	Ninister, Head of Government Agency, etc.) in the last		
12 months?					
YES □ NO □					
If YES, please specify:					
Are you a PEP (Member of Parliam	ent, Judge, Ambassa	idor, Board Me	mber of State-Owned Entity etc)?		
YES □ NO □					
If YES , please specify position, coun	try and period of tim	e for the positi	on held.		
Are you a PEP related, or you are c	losely associated wit	th a PEP?			
YES □ NO □					



If YES , please provide relationship, position, organization and country:		
FATCA		
You are/or you were an institution subject to US Tax?	YES	□ NO □
If YES , please provide us with the tax identification number:		
। am a non-US financial institution. । am not subject to US Tax (<i>please thick </i> v)		
QUESTIONNAIRE		
FINANCIAL PROFILE		
1. What is your regular net annual income	ANSWER	PERFORMANCE RONNARU USE
Less than €200,000		
€200,000 - €1,000,000		
€1,000,000 - €3,000,000		
Over €3,000,000		
2. What is the best estimate of your Net Worth (Assets minus Liabilities)		
Less than €500,000		
€500,000 - €2,000,000		
€2,000,000 - €5,000,000		
Over €5,000,000		
3. Source of funds		
Capital and reserves		
% of regular income		
If other, please specify		
3. Source of wealth		
Please specify total assets held by the Company		
4. Purpose of establishing an account with Performance Ronnaru Company Ltd		
5. What is the composition of your investment assets		
% Liquid investments →		
% Shares →		
% Government Bonds →		
% Real Estate Property →		
KNOWLEDGE & EXPERIENCE		
1. What type of financial instruments you are familiar with / you have invested in (For own account and/or on behalf of third persons)		
Cash Deposits and Government Bonds		
Money market funds		
Real Estate Property		
Capital Guarantee Products		
Bond and bond funds		



Shares	
Mutual Funds of Shares	
Foreign Currency	
Precious Metals/ Commodities	
Complex Financial Instruments such as options, futures, swaps, forward rate	
agreements, contract for difference and other derivative contracts	
3. By which method you already invested for own account	
None, I have not previously done any investments	
Execution only, we decide on our own where to invest	
Based on investment advice I receive	
Discretionary / Asset Management	
4. What is the value of your current investment portfolio	
Less than €500,000	
€500,000 – €2,000,000	
€2,000,000 – €5,000,000	
Over €5,000,000	
5. What is the average value of your financial transactions	
Less than €20,000	
€20,000 – €50,000	
€50,000 – €200,000	
€200,000 - €1,000,000	
Over €1,000,000	
//	
6. How many financial transactions have you done yearly on average in each of	
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6. How many financial transactions have you done yearly on average in each of the last 5 years	
6. How many financial transactions have you done yearly on average in each of the last 5 years Less than 10	
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6. How many financial transactions have you done yearly on average in each of the last 5 years Less than 10 10 – 50 Over 100	
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3. Which of the following risk profiles corresponds better to your personal		
Investment objectives Preservation of capital: no exposure to market risk		
Secure investment: low exposure to market risk		
Medium term growth: moderate exposure to market risk		
Performance objective: substantial exposure to market risk		
Speculation: high exposure to market risk		
5. Primary investment objectives		
Capital Preservation		
Produce regular income		
Produce occasional income		
Produce a combination of income and capital growth		
Growth of capital with little or no income		
6. Would you consider any level of gearing / margin for your investment		
None		
< 25%		
25% - 50%		
50% - 75%		
Maximum % that can be obtained		
7. What would you consider to be your overall risk level profile		
Not willing to take any investment risk which may result in any loss of initial capital even in adverse market conditions.		
Willing to undertake minor investment risk so that to aim mainly for capital preservation. In adverse market conditions minor losses may occur with only minimal percentage of the initial capital been unrecoverable.		
Willing to undertake some investment risk and small market volatility in order to achieve average returns. In adverse market conditions moderate losses may occur and a small percentage of the initial capital may be unrecoverable.		
Willing to undertake a considerable risk and accept market volatility in order to enhance potential returns.		
8. Please indicate the estimated annual turnover on the account		
LIST OF REQUIRED DOCUMENTS		
Please provide and return the company documents (mark them with v below).		
1. Certificate of Incorporation/Certificate of Registration		
2. Certificate of Registered address		
3. Certificate of Directors and the Secretary of the Company (Recent -Less than 3	3 months*)	
4. Certificate of Shareholders		
5. Memorandum and Articles of Association		



6. A Resolution of the Board of Directors for opening an account and granting authority to those who will act / sign on behalf of the Legal entity, along with the Power of Attorney for the persons authorized	
7. Latest Audited Financial Statements (prepared and signed by Auditors) (if available)	
8. Certificate of Incumbency or Certificate of Good Standing (not older than 6 months)	
9. Personal information of Authorized persons	
 Certified copy of valid Passport (with photograph and signature specimen included) Confirmation of permanent residential address (original or certified copy of a recent utility bill or 	
Bank Statement, not older than 3 months) Board of Directors Resolution for the Appointment of an authorized Representative	
A legalized or apostilled document – authorizing the Representative person (if different than any of	
the Directors) to act on behalf of the Client.	
10. Personal information of Directors:	
 Certified copy of Passport (with photograph and signature specimen included) Confirmation of permanent residential address (original or certified copy of a recent utility bill or 	
Bank Statement, not older than 3 months)	
11. Personal information of Ultimate Beneficial Owners:	
 Certified copy of Passport (with photograph and signature specimen included) Confirmation of permanent residential address (original or certified copy of a recent utility bill or 	
Bank Statement, not older than 3 months)	
12. Certified copy of Licence/Authorization from a Regulatory Authority (if applicable)	
	L
• In the absence of a recent certificate you may submit a letter from the company's lawyer in which he/sl there is no change to the Board of Directors to date. The letter must be written on lawyer's letterhead pap signature and seal	
ACKNOWLEDGMENT	
I/WE THE UNDERSIGNED OF THE COMPANY/LEGAL ENTITY WE AGREE THAT WE HAVE READ AND UNDE TO THE FOLLOWING DOCUMENTS LISTED VIA PRC'S WEBSITE at the URL http://www.prcbroker.com/cy/legal_documents.html and https://www.prcmarkets.com/	ERSTOOD
Client Categorization Policy	
Website Terms of Use Risk Disclosure	
Order Execution Policy	
Conflict of Interest Policy Client Complaint Policy and Procedure	
Remuneration	
Privacy Policy	
IMPORTANT NOTES - WARNINGS	
Where the Company provides Investment Services that only consist of the execution of Client orders,	with or without the

provision of ancillary services, the Company may provide those Investment Services to the Client without assessing the appropriateness of the Financial Instrument or service provided to the Client and therefore he does not benefit from the

CATEGORIZATION

corresponding protection of the relevant conduct of business rules.



☐ I confirm that I wish to be classified as per se Professional Investor in connection with the provision of highly specialized and complex financial instruments associated with high risks.
☐ I confirm that I wish to be classified as Eligible Counterparty in connection with the provision of highly specialized and complex financial instruments associated with high risks.
CLIENT AUTHORIZATION AND SIGNATURE
I /WE AS THE LEGAL REPRESENTATIVE(S) OF THE ABOVE COMPANY/LEGAL ENTITY HEREBY REQUEST TO OPEN AN ACCOUNT WITH PERFORMANCE RONNARU COMPANY (HEREINAFTER "PRC"), IN THE NAME OF THE ABOVE-MENTIONED COMPANY/LEGAL ENTITY.
THE INFORMATION DISCLOSED ABOVE IS TRUE AND ACCURATE AND WE ATTACH THE REQUIRED DOCUMENTS, WHICH ARE TRUE COPIES OF THE ORIGINALS.
WE WILL PROMPTLY NOTIFY YOU IN WRITING IF ANY OF THE ABOVE PARTICULARS CHANGE OR CEASE TO BE TRUE AND ACCURATE.
I/WE ALSO UNDERTAKE TO SUPPLY ANY OTHER INFORMATION THAT MAY BE REQUIRED IN THE FUTURE AND I/WE HEREBY SUBMIT TRUE COPIES OF THE RELEVANT ORIGINAL DOCUMENTS.
I/WE THE UNDERSIGNED AS LEGAL REPRESENTATIVE(S) OF THE ABOVE COMPANY/LEGAL ENTITY AGREE TO THE FOLLOWING:
That sensitive information that you have collected will be reviewed for the provision of the services for which the Company/Legal Entity has applied for and shall be entitled to obtain and make use of such information that the Company/Legal Entity has provided, during the submission of applications or execution of any other transactions, or has been obtained by third parties, persons the company guarantees, persons that refer/introduce the Company/Legal Entity to Performance Ronnaru Company Ltd, or authorities, or organizations which are or shall be in existence, or persons connected in any way with the Company/Legal Entity), or has been extracted through the operation of company's account(s) or through products and services obtained by the Company/Legal Entity from Performance Ronnaru Company Ltd
AUTHORIZED SIGNATORY(IES)
1. Name and signature
2. Name and signature
COMPANY / LEGAL ENTITY STAMP