

Renaissance Capital

RENAISSANCE SECURITIES (CYPRUS) LIMITED

CUSTOMER DOCUMENT PACK: ACCOUNT OPENING PACK (ACCOUNT OPENING FORM) FOR LEGAL PERSONS

FOR PROFESSIONAL CLIENTS AND ELIGIBLE COUNTERPARTIES

Version 2 / November 2018

CUSTOMER WARNING

RENAISSANCE SECURITIES (CYPRUS) LIMITED DOES NOT OFFER SERVICES OR CARRY OUT ANY BUSINESS WITH CUSTOMERS CATEGORISED AS RETAIL CLIENTS. YOU CAN ONLY COMPLETE, SIGN AND DELIVER THIS ACCOUNT OPENING FORM, IF YOU ARE CLASSIFIED AS A PROFESSIONAL CLIENT OR AN ELIGIBLE COUNTERPARTY. WHERE YOU ARE CLASSIFIED AS A PROFESSIONAL CLIENT OR AN ELIGIBLE COUNTERPARTY YOU SHALL NOT BENEFIT FROM CERTAIN INVESTOR PROTECTIONS WHICH ARE AVAILABLE TO RETAIL CLIENTS UNDER THE APPLICABLE LAWS AND REGULATIONS. WE ARE ENTITLED TO ASSUME THAT AS A PROFESSIONAL CLIENT YOU HAVE THE NECESSARY EXPERIENCE AND KNOWLEDGE TO UNDERSTAND THE RELEVANT RISKS INVOLVED IN THE FINANCIAL INSTRUMENTS OR INVESTMENT SERVICES OFFERED OR DEMANDED UNDER THE INVESTMENT SERVICES AGREEMENT ENTERED OR TO BE ENTERED INTO BETWEEN YOU AND RENAISSANCE SECURITIES (CYPRUS) LIMITED AND, THEREFORE, OUR OBLIGATION TO ASSESS THE APPROPRIATENESS THEREOF SHALL BE DEEMED FULFILLED. WE ARE UNDER NO OBLIGATION TO ASSESS THE APPROPRIATENESS OF THE FINANCIAL INSTRUMENTS OR THE INVESTMENT SERVICES OFFERED TO OR DEMANDED BY ELIGIBLE COUNTERPARTIES. WE DO NOT OFFER INVESTMENT ADVICE.

Dear Customer,

Please complete the below Account Opening Form, sign and return it to ClientManagement@rencap.com.

This Account Opening Form constitutes an integral part of the Account Opening Pack. Should any of the details specified below change, please notify us immediately and arrange for the new Account Opening Form to be provided to us as soon as possible. Any capitalised terms used herein shall have the meaning ascribed to them in the Investment Services Agreement entered or about to be entered into between you and Renaissance Securities (Cyprus) Limited.

GENERAL INFORMATION:	
Name of the Customer:	
Registered address:	
Mailing address:	
Registration / company number:	
Registering authority:	
Telephone number:	
Fax number:	
Web-page:	
Credit Ratings (if applicable):	
Primary contact details¹: Name: Telephone number: E-mail:	
Legal Entity Identifier Code²	

¹ We can contact the individual whose details are specified here for any matters related your Account (including where we need to ask or to answer any questions regarding the balance on the Account, Instructions, Orders, statements and reports). We may assume that this individual possesses the necessary authority to deal with your Assets, to give us Orders and Instructions and to receive any information about the Account. Without prejudice to the above we may request from you any documents which we think are necessary to confirm the authorities of any individuals whose details are specified herein (including powers of attorney, board resolutions etc.).

² Legal Entity Identifier (LEI), a 20-digit, alpha-numeric code based on the ISO 17442 standard developed by the International Organization for Standardization (ISO).

DETAILS OF BUSINESS ACTIVITIES		
Please tick as applicable:	Supervising regulator (if applicable)	License number (if applicable)
<input type="checkbox"/> Regulated banking, credit, investment, insurance, custody or fund management institution (including broker-dealers) incorporated in the EEA or a member state of the FATF		
<input type="checkbox"/> Regulated banking, credit, investment, insurance, custody or fund management institution (including broker-dealers) incorporated in a non-EEA country which is not a member state of the FATF		
<input type="checkbox"/> Regulated collective investment scheme (or similar) set-up in the EEA or a member state of the FATF		
<input type="checkbox"/> Regulated collective investment scheme (or similar) set-up in a non-EEA country which is not a member state of the FATF		
<input type="checkbox"/> EEA public authority		
<input type="checkbox"/> Non-EEA public authority		
<input type="checkbox"/> Self-regulated organisation		
<input type="checkbox"/> Private company		
<input type="checkbox"/> Private company with bearer shares		
<input type="checkbox"/> Trust		
<input type="checkbox"/> Partnership		
<input type="checkbox"/> Other – please specify:		

MANAGEMENT, OWNERSHIP AND CONTROL			
OFFICERS ³			
NAME	POSITION	NATIONALITY	PASSPORT DETAILS
OWNERSHIP STRUCTURE ⁴			
	NAME	PERCENTAGE OF THE SHAREHOLDING OWNED IN THE IMMEDIATELY PRECEDING ENTITY	JURISDICTION AND REGISTRATION / COMPANY NUMBER
Immediate Parent Company			
Second Parent Company			
Third Parent Company			
Ultimate Parent Company			

³ Please provide details of each director, secretary, and officer of the Customer (including CEO, CFO, and COO). Where any of these officers are legal entities, please provide their details and also include in the table above the details of the officers of such legal entities. Please provide confirmation of authority of each persons specified in the above table. Where the Customer is a fund or a collective investment scheme, please provide details of the trustee and investment manager.

⁴ Please identify those legal entities which are holding, directly or indirectly, legally or beneficially, 10% or more of the issued share capital of or participatory interest in the Customer. Alternatively, you may provide an ownership structure chart.

ULTIMATE BENEFICIAL OWNERS (INDIVIDUALS) ⁵			
NAME	PERCENTAGE OF THE CUSTOMER'S SHAREHOLDING ULTIMATELY OWNED OR CONTROLLED BY THE INDIVIDUAL	NATIONALITY	PASSPORT DETAILS
EFFECTIVE SHAREHOLDERS OR CONTROLLING INDIVIDUALS ⁶			
NAME	OCCUPATION / TITLE	NATIONALITY	PASSPORT DETAILS
KEY SERVICE PROVIDERS			
	NAME	JURISDICTION	CONTACTS
Bank			
Custodian			
Broker - Dealer			
Investment Manager			
Other – please specify			

If the space provided is not sufficient, please provide information on a separate sheet.

⁵ Please identify those individuals who ultimately own or control at least 10% of the Customer's share capital.

⁶ Please identify those individuals who effectively control the Customer and determine the decisions made by the Customer and its business activities (through shareholding or otherwise).

AUTHORISED PERSONS⁷

Each of the Authorised Signatories shall be, and hereby is empowered and authorised solely or jointly to:

- **FOR TRADING SIGNATORIES STATED BELOW:** undertake any transactions on the Accounts, to dispose of any Assets on the Accounts, to deposit and withdraw any Assets on the Accounts, to give Orders to Renaissance Securities (Cyprus) Limited, to trade in any Assets on the Accounts and to enter into any trades, transactions, agreements and arrangements in relation to the Accounts and Assets thereon
- **FOR OPERATIONS SIGNATORIES STATED BELOW:** to deposit and withdraw any Assets on the Accounts, to give Instructions to Renaissance Securities (Cyprus) Limited, to sign and to enter into any confirmations, transactions, agreements and arrangements in relation to the Accounts and Assets thereon
- **FOR PERSONS AUTHORISED FOR THE RECEIPT OF STATEMENTS AND REPORTS AS STATED BELOW:** to receive statements, reports, notices and other information regarding the Accounts

TRADING

Persons authorised to sign and to give Trading Orders to Renaissance	Signature Sample	Telephone	E-mail

OPERATIONS

Persons authorised to sign and to give Settlement, Clearing, Custody or other Instructions to Renaissance, trade confirmations and other documents related to the Account and the transactions of the Customer	Signature Sample	Telephone	E-mail

⁷ Renaissance may rely upon any Order, Instruction or other communication received from the persons specified herein in any form, without further enquiry as to the genuineness, authority or identity of the person purporting to give such Order, Instruction or other communication. Without prejudice to the above, we may request from you any documents which we think are necessary to confirm the authorities of any individuals whose details are specified herein (including powers of attorney, board resolutions etc.).

RECEIPT OF STATEMENTS AND REPORTS		
Persons authorised to receive statements, reports, notices and other information	Telephone	E-mail

BANK AND SETTLEMENT DETAILS	
Beneficiary ⁸	
Beneficiary IBAN	
Beneficiary Account	
Beneficiary Bank	
Beneficiary Bank SWIFT	
Correspondent Bank	
Correspondent Bank SWIFT	
Euroclear or Clearstream Account	
Other Settlement Details:	

We, _____ hereby declare and confirm that the above information is correct. We understand and agree that it is our responsibility to inform Renaissance immediately of any changes to the information contained in this Account Opening Form and that Renaissance shall incur no liability for any losses we may suffer as a result of us failing to do so.

 By:
 Name:
 Title:
 Date:

 By:
 Name:
 Title:
 Date:

⁸ It should be the same as the Customer's name.