

KYC FORM



Know Your Customer Form

Please complete this form, provide required documents and forward them by email to info@limitmarkets.com or deliver them to our office located at Premier Business Centre 10th Floor, Sterling Tower, 14 Poudriere Street, Port Louis, Mauritius. You can also hand them over to a Company official.

IMPORTANT INFORMATION ABOUT PROCEDURES

In order to comply with Anti Money Laundering (AML) policies and other regulatory requirements and to prevent money laundering and the funding of terrorism, financial institutions such as Limit Markets Ltd. are required by law to obtain, verify and retain information that identifies each client applying for an account. Therefore, we are required to collect identity information from the client, such as name, address, birth information and other information.

Account Supporting Documents

In order to complete your application, Limit Markets Ltd. requires a copy of following documents;

1. A copy of non-expired, government issued ID with photo.

- a. Valid Passport
- b. Valid National ID Card
- c. Valid Driving License

2. A residency proof that dated within six months for the address indicated on the Application Form/s.

Current residential address (PO Box addresses are not acceptable) and permanent residential address (if different to current residential address):

- a. any of the identity sources listed above
- b. recent utility bill issued to the individual by name
- c. a recent bank or credit card statement; or Current lease agreement

In an effort to serve you (our client) better, we would like to know the following about you to enable us help you make informed investment decisions.

PERSONAL INFORMATION

Information must be filled by the individual who owns the account or by the person authorized to make trading decisions for the related account.

Individual Signee (Principal, if Corporation)

Name : Surname : Middle Name :

Gender : Male Female

Citizenship : ID Number :

Date of Birth : Place of Birth :

AUTHORIZED EMAIL ADDRESS

Please provide the email address clearly, this will be the primary contact method.

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Home Address of the Individual Signee

Please attach proof of residency. This address will appear as your customer account statements' address

Address :

Street Name : City / Town :

County / Province / State : Postal Code : Country :

Telephone : Mobile Telephone :

(country code+area code+number) (country code+area code+number)

Secondary Address (Optional)

Type of Address :

Address :

Street Name : City / Town :

Postal Code : County / Province / State : Country :

INCOME INFORMATION**Source of funds/income:**

Employment Rental Investment Pension Other (please specify).....

• Net Annual Income :

- Less than \$100,000
- \$100,000 – \$199,999
- \$200,000 – \$299,999
- \$300,000 – \$499,999
- Over \$500,000

• Net Assets :

(Include real estates)

- Less than \$250,000
- \$250,000 – \$499,999
- \$500,000 – \$999,999
- \$1,000,000 – \$2,499,999
- Over \$5,000,000
- \$2,500,000 – \$4,999,999

• Net Financial Assets :

(Do not include real estates)

- Less than \$100,000
- \$100,000 – \$249,999
- \$250,000 – \$499,999
- \$500,000 – \$999,999
- Over \$1,000,000

OCCUPATION DETAILS:

- Private Sector
- Public/Government Sector
- Politically Exposed Person
- Retired
- Other Business Sectors
- Professional
- Housewife

• Are you a politically exposed person?

- Yes
- No

BANKING INFORMATION

Bank Name : _____

Bank Account Number : _____

Swift Code or ABA Number : _____

Bank Account Holder's Name : _____

Bank Address : _____

Bank Account Number : _____

Bank Contact : _____

Bank County / Province / State : _____

Bank Country : _____

INVESTMENT OBJECTIVES

1. What investment time horizon is most appropriate for your investment programme?

- Less than 1 year
- 1 year - 3 years
- 4 years - 10 years
- More than 10 years

2. Please mark any of these items that are important to you:

- Provide for retirement
- Provide for parents' financial needs
- Provide for children's housing
- Pay off financial liabilities (student loans, lines of credit)
- Minimize estate taxes
- Other _____

3. What best describes your current investment goals?

- I don't want to lose money but I want some opportunity for modest growth
- I want growth but I am concerned about the possibility of losses
- I expect my money to grow over the long term and accept some risk
- I want maximum growth and I am comfortable with high levels of risk

4. Investment Knowledge

- Sophisticated Good Limited None

5. Number of years investing :

- Stocks : _____
- Options : _____

6. Securities Traded (If Applicable)

- Stocks Preferred Stock Bond Options Commodities Rights&Warrants

RISK TOLERANCE

1. How would you classify the stage of your life cycle?

- Early Career
- Middle Career
- Nearly Retired
- Retired, Living off Assets

2. How much income do you have?

- I spend all my income and need to find extra cash
- My living costs are covered by income but I need additional cash for luxuries
- I have good disposable income and consistently add to my savings
- My income is large compared to my needs

3. Are you willing to see your investment fluctuate in value?

- Yes No

4. If the investment fell in value, when would you become concerned?

- Down 5% - 10%
- Down 10% - 15%
- Down 15% - 30%
- Down 30% - 50%
- Down Over 50%

5. What is your willingness to risk shorter term losses for the possibility of higher longer term returns?

- Very Willing
- Willing
- Unwilling
- Very Unwilling

6. What percentage of your total net savings would be invested in this financial product? Less than 10%

10% to 15%

15% to 20%

20% to 25%

Greater than 25%

I acknowledge that investments offered by LIMIT MARKETS LIMITED consist of speculative high risk investments

Name - Surname

Signature

Date (DD/MM/YYYY)

I certify that the information contained in this document is true, complete and accurately reflects my investment attitudes.

Name - Surname Signature Date (DD/MM/YYYY)