

Know Your Client Form – Advisory Clients Only

FORM B

Under EU Legislation; Market in Financial Investments Directive (MiFID), Know Your Client (KYC) requirements, we are obliged to ask you to complete this form in order to open/maintain an advisory account with our firm so that we can give you the most appropriate advice suitable to your circumstances.

A. Financial Objectives Level 2 Art. 35 (3)

The information regarding the financial situation of the client or potential client shall include, where relevant, information on the source and extent of regular income, assets, including liquid assets, investments and real property, and regular financial commitments.

	Self	Partner (if joint account)
1. Regular Income:		
Salary/ Business Income	€ _____ p.a.	€ _____ p.a.
Rental Income	€ _____ p.a.	€ _____ p.a.
Investment Income	€ _____ p.a.	€ _____ p.a.
Other	€ _____ p.a.	€ _____ p.a.
Total Income	€ _____ p.a.	€ _____ p.a.

2. Are you: Self-employed Company Employee Proprietor/Director Retired

3. Pension: Company Self-employed Self-administered None

4. What is your provisional retirement date? _____

5. Value of Personal Assets

Please give approximate figures and also indicate if asset could be easily liquidated.

	Value		Value
Principal Private Residence	€ _____	Cash deposits	€ _____
Properties in Ireland	€ _____	Post Office	€ _____
Properties Abroad	€ _____	Shares	€ _____
(Less Borrowings)	€ (_____)	Fixed Interest	€ _____
Net Value	€ _____	Pension Fund	€ _____
		Other Assets	€ _____
Total Value of Assets	€ _____		

6. Regular Financial Commitments

Pension Contribution € _____

Mortgage € _____

Other living expenses € _____

Any other commitments € _____

Total Financial Commitments € _____

7. Please give initial investment amount

€ _____

8. Source of funds:

Savings

Inheritance

Sale of Property

Sale of business

Rental Income

Other; please specify _____

B. Investment Objectives Level 2 Art. 35 (4)

The information regarding the investment objectives of the client or potential client shall include, where relevant, information on the length of time for which the client wishes to hold the investment, preferences regarding risk taking, risk profile, and the purposes of the investment.

1. Investment objective and risk profile

Please indicate which of the following statements best describes your requirements:

- Low risk** You want your investment to keep in line with inflation but keep your risk to a minimum. You are looking to the future but have a low risk tolerance and are willing to limit your growth investments to low risk or risk free investments.
- Medium risk** You want moderate growth but a limited amount of risk. You are willing to accept slower growth on your investments in exchange for a lower amount of portfolio risk.
- High risk** Your objective is maximum growth, and you are willing to risk the loss of some, or even most, of your principal to receive higher returns on your investment.

2. What is the purpose of your investment? _____

3. Please indicate approximate annual income expectation (if any) from your investment with us: € _____ p.a. (or _____%)

4. Time Horizon

Generally, the longer your money remains invested, the greater the potential for growth as market trends and fluctuations tend to smooth out over time. Bearing this in mind, for how long are you planning to invest your money?

- <1 year 1-3 years 3-5 years 5 years +

5. Please state any on-going funds available for investment € _____ p.a.

6. What is your average anticipated transaction size? € _____

7. Permitted Investment Instruments (Please tick which instruments you wish to invest in)

- € denominated equities Other equities Cash deposits Government bonds Corporate bonds Unquoted Investments
 Other; please specify _____

8. Other investment considerations

Please specify if there is any other information, including any restrictions that you feel may be relevant to your investment objectives e.g. ethical investments only

C. Knowledge and Experience

Level 2 Art.37(1) Information regarding a client's knowledge & experience in the investment field should include the following, to the extent appropriate to the nature of the client, the nature & extent of the service to be provided and the type of product or transaction envisaged, including their complexity & risks involved:

- (a) the types of service, transaction and financial instrument with which the client is familiar;
 (b) the nature, volume, frequency of the client's transactions in financial instruments and the period over which they have been carried out;
 (c) the level of education, profession or relevant former profession of the client or potential client.

Please answer the following questions in relation to your knowledge and experience of different financial instruments.

	1. Shares	2. Bonds	3. Investment Funds	4. Any other instruments
Have you dealt in this instrument before?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please specify:
If YES, please answer questions below:	Complete only if YES	Complete only if YES	Complete only if YES	Complete only if YES
Please specify type:	N/A	<input type="checkbox"/> Corporate bonds <input type="checkbox"/> Government bonds		
In what capacity?	<input type="checkbox"/> Execution-only <input type="checkbox"/> Advisory <input type="checkbox"/> Managed Portfolio	<input type="checkbox"/> Execution-only <input type="checkbox"/> Advisory <input type="checkbox"/> Managed Portfolio	<input type="checkbox"/> Execution-only <input type="checkbox"/> Advisory <input type="checkbox"/> Managed Portfolio	<input type="checkbox"/> Execution-only <input type="checkbox"/> Advisory <input type="checkbox"/> Managed Portfolio
How would you describe your knowledge and understanding of this financial instrument?	Basic Good Extensive 1 2 3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Basic Good Extensive 1 2 3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Basic Good Extensive 1 2 3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Basic Good Extensive 1 2 3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
How often do you deal in this financial instrument?	_____ per month _____ per annum	_____ per month _____ per annum	_____ per month _____ per annum	_____ per month _____ per annum
How large are these transactions?	€ _____	€ _____	€ _____	€ _____
How long have you been dealing in this financial instrument?	___years___months	___years___months	___years___months	___years___months

6. Do you have any other experience relevant to making investment decisions? Please give details _____

7. Do you hold any qualifications that are relevant to making investment decisions or are you a member of a relevant professional body? Please give details _____

Name in Blocks _____

Client Ref # _____ (If applicable)

Signature _____

Date ___/___/___

Thank you for taking the time to complete this form.