

INVEZA CAPITAL LTD

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Change of Client Categorization Request Form

Client's name				
Account number				
Please select your requested categorization:		Retail Client		
		Professional Client		
		Eligible Counterparty		
If you have selected "Profession qualification criteria which app		ve, please select two or more of the following		
Elective Professional Client:	During the past year I carried out large transactions in average frequency of more than 10 per quarter (please provide a trading report or other supporting document)			
	The size of my financial instrument portfolio, defined as including cash deposits and financial instruments, exceeds EUR 500,000 (please provide a bank statement or other supporting document)			
	I work or have worked in the financial sector for at least one year in a professional position, which requires knowledge of the transactions or services envisaged. (please provide a certificate/license or other supporting document)			
	professional e employment/	e below the in-depth description of your experience (Company/Department/Period of Job title or position) and how it gave you omplex products like derivatives.		



I/we hereby confirm that I/we have read and understood the Client Categorization Policy and understand the implications of my/our requested categorization, including losing some of the protection afforded and compensation under the Investor Compensation Fund ("ICF") for Clients of Investment Firms if moving from a Retail to a Professional Client.

I/we formally request that to INVEZA CAPITAL LTD reclassify me/us to my/our preferred client categorization as above.

Date:	
Signature:	
For Corporate clients:	
On behalf of (Company name):	
Full name of authorized person:	
Contact email address:	
Contact telephone number:	