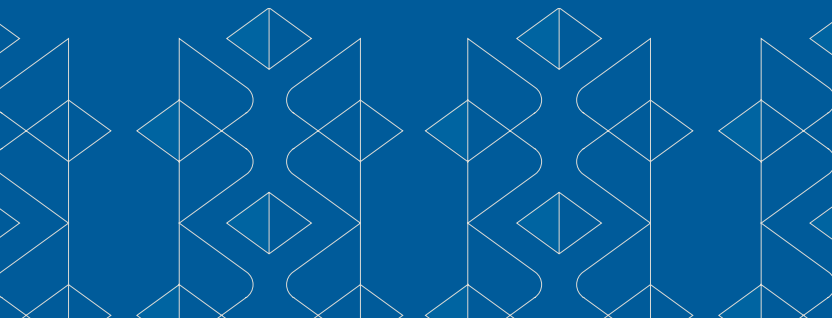




B E L T O N E
F I N A N C I A L

Addendum 1

Know Your Client Form



Please read carefully and fill in the following:

For Internal Use Only

Account No.

Date of Receiving
the Account

Unified Code

1. Client Data

Account Holder Name

Address

Country

City

Phone No.

Fax

E-mail

2. Bank References

Name of Bank

Country

Branch

Account No.

3. Custodian Details

Local Custodian

Name

Account No.

Contact Person

Phone No.

Fax

E-mail

Global Custodian

Name

Account No.

Contact Person

Phone No.

Fax

E-mail

4. Account Statement

Send

☐

Monthly

☐

Quarterly

☐

Semi-Annually

Send By

☐

Mail

☐

E-mail

☐

Fax

Send To

☐

Business Address

☐

Home Address

5. Do you authorize the Company to trade in Global Depository Receipts (GDRs) of shares listed on the EGX on your behalf?

☐

Yes

☐

No

6. Do you authorize the company to trade Foreign Securities on your behalf?

☐

Yes

☐

No

7. Instructions Sent by

☐

Written

☐

Phone

☐

Mobile Applications

☐

E-mail

☐

Fax

8. Receive Trade Confirmation by

☐

Phone

☐

E-mail

☐

Mobile Applications

☐

Fax

☐

SMS

9. Account Type

☐

Cash Account

☐

DVP

10. Investment Objectives

What is the investment target of the Client?

☐

Fixed Income

☐

Long-Term Profit

☐

Short-Term Profit

☐

Capital Preservation

☐

Mixed (Please Clarify)

Level of Client's knowledge in the field of investment and capital markets

☐

Low

☐

Medium

☐

High

Level of investment risk that the Client deems acceptable

☐

Low

☐

Medium

☐

High

Preferable term of investment that would achieve Client's investment objectives

☐

1-3 years

☐

3-5 years

☐

5-10 years

☐

More than 10 years

Expected size of capital to be invested by the Client through the company

☐

Less than L.E. 50,000

☐

L.E. 50,000 to L.E. 100,000

☐

L.E. 100,000 to L.E. 500,000

☐

More than L.E. 500,000

11. For Institutional Clients Only

Nature of Business

Legal Form

Established in accordance with law

Commercial Reg. No./
Certificate of Incorporation
No.

Established in

License No.

Date of Incorporation

Tax I.D No

E-mail

As per Foreign Account Tax Compliance Act (FATCA), please state:

Global Intermediary
Identification Number
(GIIN) in Internal Revenue
Service (IRS)

Responsible Officer (RO)

Point(s) of Contact (POC)

Do any of the Partners/ Company's Shareholders with 10% or more/Authorized Signors/
Power of Attorney Holders have a dual Nationality?

Yes

No

If yes, please specify who and which nationality

Do any of the Direct or Indirect Partners/Company's Shareholders with 10% or more/
Authorized Signors/Power of Attorney Holders have any permanent residential address in
any other country?

Yes

No

If yes, please mention address details

Individual 1

Name

Were you born in the US or have a US nationality?

Yes

No

Are you resident at the US or a green card holder?

Yes

No

Have you entered the USA in the past 3 years?

☐

Yes

☐

No

If yes which year?

If yes how many days have you stayed in the US?

Do you have an address or telephone number at the US?

☐

Yes

☐

No

Do you have standing instructions where you send funds to US?

☐

Yes

☐

No

Do you have a care of or hold mail in the US?

☐

Yes

☐

No

Do you have a power of attorney or third party signing authority granted to a person with a US address?

☐

Yes

☐

No

Individual 2

Name

Were you born in the US or have a US nationality?

☐

Yes

☐

No

Are you resident at the US or a green card holder?

☐

Yes

☐

No

Have you entered the USA in the past 3 years?

☐

Yes

☐

No

If yes which year?

If yes how many days have you stayed in the US?

Do you have an address or telephone number at the US?

☐

Yes

☐

No

Do you have standing instructions where you send funds to US?

☐

Yes

☐

No

Do you have a care of or hold mail in the US?

☐

Yes

☐

No

Do you have a power of attorney or third party signing authority granted to a person with a US address?

☐

Yes

☐

No

For non-US residents: For purposes of US Federal income tax, I/We represent and warrant that I/We are not a/acting on behalf of a US Person or entity, If my/our tax status changes or I/We become a U.S. citizen or a resident, I/We shall notify Beltone Securities Brokerage within 30 days from date of change.

12. For Individual Clients Only

Date of Birth

Mobile

Marital Status

No. of Dependents

E-mail

First Nationality

I.D No.

Type of I.D

☐

National I.D

☐

Passport

Second Nationality

Passport No.

According to periodical Memo No. 3 of 2014 issued by the Financial Regulatory Authority decision in relation to Foreign Account Tax Compliance Act (FATCA), a US person includes but is not limited to the following, a citizen of the US, a dual nationality holder (including the US citizenship) whether residing in the US or not, including US passport and green card holders, legitimate US permanent residents, born in the US but resident in another country (who has not given up their US citizenship), spend a significant number of days in the US each year, US Corporations, US Partnerships, US estates and US trusts. If you fall in any of the aforementioned categories, please fulfill and sign the disclosure form enclosed herewith.

If the client does not abide by the aforementioned regulations after signing the Account Opening Contract, the Client hereby undertakes to immediately inform the Company if any of the abovementioned conditions met, and disclose the updated information without any liability for the Company whatsoever.

Do you have any other nationality

☐

Yes

☐

No

Please specify if yes

Do you have permanent residential address in any other country

☐

Yes

☐

No

Please specify if yes

Were you born in the US or have a US nationality?

☐

Yes

☐

No

Are you resident at the US or a green card holder?

☐

Yes

☐

No

Have you entered the USA in the past 3 years?

☐

Yes

☐

No

If yes which year?

If yes how many days have you stayed in the US?

Do you have an address or telephone number at the US?

☐

Yes

☐

No

Do you have standing instructions where you send funds to a US

☐

Yes

☐

No

Do you have a care of or hold mail in the US?

☐

Yes

☐

No

Do you have a power of attorney or third party signing authority granted to a person with a US address?

☐

Yes

☐

No

For non-US residents: For purposes of US Federal income tax, I/We represent and warrant that I/We are not a/acting on behalf of a US Person or entity, If my/our tax status changes or I/We become a U.S. citizen or a resident, I/We shall notify Beltone Securities Brokerage within 30 days from date of change.

Primary source of income

☐

Employed

☐

Private Business

☐

Investments

☐

Other (Please Clarify)

If Employed

Employer Name

(Source of income supporting documentation may be required)

Title

Business Address

Country

City

Business Telephone No.

Fax

E-mail

Approximate annual income (EGP)

☐

Less Than 25,000

☐

25,000 - 50,000

☐

50,000 - 100,000

☐

100,000 - 250,000

☐

250,000 - 500,000

☐

500,000 - 1,000,000

☐

More Than 1,000,000

Does the client use investments proceeds to incur the costs of living?

☐

Yes

☐

No

13. General Compliance Information

Are you, any of your relatives to the second degree or any of the authorized signatories to this account currently employed by a financial institution working in the field of investment, brokerage, asset management or portfolio management? If yes please specify.

☐

Yes

☐

No

If yes, the client hereby declares that it did not apply for the FRA trading approval from the above mentioned firm and that it does not have an account opened at the Client's end; furthermore, the client declares that it will trade via the Company only, and the client also declares that it will notify the Company in writing in case it wishes to trade via other brokerage firm rather than the Company, thus; the Company takes the necessary action to suspend its account.

Name of Individual

Name of Institution

Current Position Held

Name of Individual

Name of Institution

Current Position Held

Name of Individual

Name of Institution

Current Position Held

Are you a member of the board of directors of any company listed in the EGX?

☐

Yes

☐

No

If yes please mention

Do you control/own more than 5% in any company?

☐

Yes

☐

No

If yes please mention

Do you have any accounts with another investment institution, brokerage firm or asset management firm?

☐

Yes

☐

No

If yes, please indicate

Are there any other issues that you think we should be aware of prior to opening this account?

☐

Yes

☐

No

If yes please clarify

Authorized Person(s) (If any) - Power of attorney to be provided

Name	<input type="text"/>		
Relationship to Account Holder	<input type="text"/>		
Date of Birth	<input type="text"/>		
First Nationality	<input type="text"/>		
I.D No.	<input type="text"/>		
Type of I.D	<input type="checkbox"/> National I.D	<input type="checkbox"/> Passport	
Second Nationality	<input type="text"/>		
Passport No.	<input type="text"/>		
Home Address	<input type="text"/>		
Country	<input type="text"/>		
City	<input type="text"/>		
P.O. Box	<input type="text"/>		
Telephone	<input type="text"/>		
Mobile	<input type="text"/>		
Fax	<input type="text"/>		
E-mail	<input type="text"/>		
Primary source of income	<input type="checkbox"/> Employed	<input type="checkbox"/> Private Business	
	<input type="checkbox"/> Investments	<input type="checkbox"/> Other (Please Clarify)	
	<input type="text"/>		
If Employed			
Employer Name	<input type="text"/>		
Title	<input type="text"/>		
Business Address	<input type="text"/>		
Country	<input type="text"/>		
City	<input type="text"/>		
Business Telephone No.	<input type="text"/>		
Fax	<input type="text"/>		
E-mail	<input type="text"/>		

In case there's more than one authorized person, please attach detailed list showing names of authorized persons, their authorities and provide valid copies of their IDs.

Please Sign to Apply for your Account Opening

I certify that all information provided is precise and correct and that I shall advise the Compnay in writing of any changes that may occur to any of the data stipulated herein within 1 month.

I hereby declare that the funds I own have been obtained from legitimate and legal sources and do not have any relation to sources of money laundering known legally and internationally, by virtue of the provisions of Law No. 80 of 2002 promulgating anti money laundering and its executive regulation, the Minister of Economy and Foreign Trade's Decree no. 620 for the year 2001 and the board of directors decision no. 87 of 2008 of the Egyptian Financial Supervisory Authority.

Name of Account Holder	
Signature	<div>Sign Here æ</div>
Date	
Account officer	
Signature	
Date	
Compliance Approval	
Signature	
Date	

Anti-Money Laundry Questionnaire (For Institutional Clients)

To be filled only if the Client is subject to the Anti-Money Laundering and Combating the Financing of Terrorism (AMLCFT)

1. Has the country in which your Institution is registered enacted regulations for AML/CTF?

☐ Yes

☐ No

Please provide the name of the regulatory authority your Institution is subject to supervisory for matters relating to AML/CTF

2. Does your Institution / country adhere to the 40 AML recommendations and 9 special terrorist financing recommendations developed by FATF?

☐ Yes

☐ No

3. Does your Institution have an AML/CTF compliance program?

☐ Yes

☐ No

4. Is your AML/CTF compliance program approved by the board of directors of your Institution?

☐ Yes

☐ No

5. Does your institution undertake measures to verify the true identity of underlying beneficial owners, if any?

☐ Yes

☐ No

6. Does your institution terminate the business relationship if a customer has failed to comply with CDD measures?

☐ Yes

☐ No

If no, please clarify

7. Do your policies and procedures permit you to open or maintain anonymous accounts?

☐ Yes

☐ No

8. Does your institution have parameters for identifying payments / transactions related to persons / entities (appearing in relevant regulatory lists) suspected of terrorism?

☐ Yes

☐ No

If yes, please clarify

☐ Manual

☐ Automated

9. Does your institution protect its employees if they report, in good faith, any suspicious transactions?

☐

Yes

☐

No

10. Does your Institution have a legal and regulatory compliance program that includes a designated Compliance officer responsible for coordinating and overseeing the AML/CTF program on a day-to-day basis, which has been approved by its management?

☐

Yes

☐

No

11. Has your Institution developed written policies documenting the processes in place to prevent, detect and report suspicious transactions, and have these policies been approved by senior management?

☐

Yes

☐

No

12. In addition to inspections by government supervisors/regulators, does your Institution have an internal audit function or other independent third party that assesses AML policies and practices on a regular basis?

☐

Yes

☐

No

13. Does your Institution have a policy prohibiting accounts/relationships with shell banks (a shell bank is defined as a bank incorporated in a jurisdiction in which it has no physical presence and which is unaffiliated with a regulated financial group)?

☐

Yes

☐

No

14. Does your Institution have policies covering relationships with politically exposed persons (PEP) consistent with industry best practices?

☐

Yes

☐

No

15. Does the Institution have appropriate record retention procedures pursuant to the applicable law?

☐

Yes

☐

No

If yes, please state the required duration of retaining the documentation, books, and records

16. Does your Institution require that its AML/CTF policies and practices be applied to all branches and subsidiaries both in and outside of the home country?

☐

Yes

☐

No

17. Is there a centralized control of whether such policies and practices are effectively applied?

☐

Yes

☐

No

What is this job?

18. Does your Institution provide AML/CTF training to its employees?

☐

Yes

☐

No

19. Does your Institution have policies to communicate new AML/CTF related laws or changes to existing AML/CTF related policies or practices to relevant employees?

☐

Yes

☐

No

Risk Assessment

20. Does your Institution have a risk management policy that aims to identify and mitigate all types of risk arising from its activities?

☐

Yes

☐

No

21. Does your Institution have customer identification and verification procedures?

☐

Yes

☐

No

22. Does your Institution have a risk focused assessment of its customer base and transactions?

☐

Yes

☐

No

23. Does your Institution perform the appropriate level of enhanced due diligence necessary for those categories of customers and transactions that it has reason to believe pose a heightened risk of illicit activities at or through it?

☐

Yes

☐

No

Enhanced Client Due Diligence

24. Has your Institution implemented systems for the identification of its customers, including customer information in the case of recorded transactions, account opening, etc.?
- ☐ Yes ☐ No
25. Does your Institution have a requirement to collect information regarding its customers' business activities?
- ☐ Yes ☐ No
26. Does your Institution collect information and assess its customers' AML/CTF policies or practices?
- ☐ Yes ☐ No
27. Does your Institution have procedures to establish a record for each customer noting their respective identification documents and KYC information collected in account opening?
- ☐ Yes ☐ No
28. Does your Institution take steps to understand the norm of expected transactions of its customers based on its risk assessment?
- ☐ Yes ☐ No

Requirements of Reporting Suspicious Activities (RSA) , and prohibition and detection of illegal funding sources

29. Does your Institution have policies or practices for the identification and reporting of transactions that are required to be reported to the authorities?
- ☐ Yes ☐ No
30. Does your Institution have procedures to identify transactions structured to avoid reporting requirements in connection with large cash transfers?
- ☐ Yes ☐ No
31. Does your Institution have a monitoring program for suspicious or unusual activity that covers funds transfers and monetary instruments (such as traveler's checks, money orders, etc.)?
- ☐ Yes ☐ No
32. Does your Institution have policies to reasonably ensure that it only operates with correspondent banks that possess licenses to operate in their countries of origin?
- ☐ Yes ☐ No

Regulatory Information

33. Has your Institution or its directors, officers or employees been subject to investigation or disciplinary action by any regulatory organization in the last 10 years?

☐

Yes

☐

No

If yes, please specify

34. In the last 24 months, has any current or former director, officer or employee of your Institution been the subject to adverse comments to the institution's regulator?

☐

Yes

☐

No

If yes, please specify

This form was filled out by

Name

Title

Signature

Sign Here æ

Date



INVESTMENT BANKING • ASSET MANAGEMENT • SECURITIES BROKERAGE
• CUSTODY • MARKET MAKER • RESEARCH

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