

## Broker-Client Account Application Form

Brokerage Company Caucasus Financial Services

- Call (+995 32) 55-99-00 with any questions or to get additional information.

### LEGAL PERSON

Company Full Legal Name		Place of Incorporation	Type of Activities	
Registering Authority	Registration Number	Registration Date (dd/mm/yyyy)		Tax Payer Identification Code
Legal Address		Address of a branch or subsidiary (if applicable)		
Phone Number	Fax Number	E-mail		

### NATURAL PERSON / REPRESENTATIVE AUTHORITY

Name (Last, First)		Date of Birth (dd/mm/yyyy)	Place of Birth	
Country of Citizenship	Personal ID Number		Private Number	
Personal ID Issuing Authority		Issuing Date (dd/mm/yyyy)	Date of Expiration (dd/mm/yyyy)	
Registered Address		Actual Address		
Phone Number	Fax Number	E-mail		
Work Organization	Work Address		Work Phone Number	

*If registered as an individual entrepreneur, please indicate the following:*

Registration Date (dd/mm/yyyy)	
Registration Number	
Registering Authority	
Tax Payer Identification Code	

### BANK ACCOUNT REQUISITES

Bank Name	Bank Code	Account Number
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Name (Last, First)

**CLIENT TYPE**

Resident

Non-resident

Employee of the other Georgian Brokerage Company:

No

Yes

If yes, Please indicate the following requisites:

Brokerage Company Name	Address	Phone	E-mail
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**BROKERAGE ACCOUNT TYPE**

Discount Brokerage Account

Full-Service Brokerage Account

In case of Full-Service Brokerage Account it is necessary to fill investor identification questionnaire

**REQUIRED DOCUMENTATION**

Natural Person	Legal Person
<ul style="list-style-type: none"><li>• Copy of personal ID (or international equivalent) <i>If registered as an individual entrepreneur</i></li><li>• Proof of individual entrepreneur identification code from tax department.</li><li>• Individual entrepreneur ID card.</li></ul>	<ul style="list-style-type: none"><li>• Charter (original or notarized copy)</li><li>• Record from entrepreneurial registry</li><li>• Personal ID of representative authority.</li><li>• Proof of organization's identification code from tax department</li><li>• Notarized proxy of representative authority (other than director) indicating right to manage brokerage account at CFS.</li></ul>

I hereby certify that all statements made in this Form and all information and documentation otherwise provided to CFS is complete, true and accurate, and I agree to be fully liable for the accuracy and completeness of all such Information. CFS is not responsible for the damages caused to the client as a result of entering wrong information in this application form.

In case of changing the representative authorities of the client, client takes the obligation to inform CFS about such change. CFS is not responsible for the damages caused to the client due to the orders placed by representative whose authority is aborted but CFS has not been duly notified and provided with appropriate documentation.

**Date (dd/mm/yyyy)**

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**Client Signature**

\_\_\_\_\_

**Company Representative Signature**

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**Brokerage Account Number**

**Account Number at Central Depository**