

CLASSIFICATION AS A PROFESSIONAL INVESTOR

The client,

Name:	
Address:	
Company number (if applicable):	
Represented by (if applicable):	

confirms that he/she is aware of the consequences associated with acting as a professional investor. The client is aware that, as a result of his request to be treated as a professional client, he will waive certain protections granted to private clients and that he will not be able to claim compensations in virtue of the classification which he has now.

In specific terms, this means that as a professional investor, for future transactions in financial instruments he/she is assumed to have the necessary experience, knowledge and expertise to make independent decisions, to correctly assess the corresponding investment risks and to be able to bear such risks financially.

Place _____ date __ / __ / ____

Signature, preceded by “read and approved”

