



Private Individual Profile

Note: Please complete in BLOCK LETTERS and tick where applicable

Client Information						
Client Name:						
Registered Name (Beneficial Owner):						
Registered Address:		City / State / Post Code:				
Occupation:	Employer:					
Country of Domicile:	Date of Birth:	No. of Dependents:				
Marital StatusMarrieddivorced Singlewidow	Mailing Address (if different from above):					
Residential Telephone:	Business Telephone: Fax:					
Email Address:	Mobile:					

Additional information:	





Financial and Investment Information						
Note: Completing this section is not obligatory						
Risk Profile Select one: ac	Return Objective Select one: counts	Investment Experience Please enter the number of years		Other brokerage firm where		
☐mary Conservative ☐ Moderate	Current Income Growth	experience investi Equities Futures: Options: Other:		are held: 		
Net Worth	Liquid A	Assets	Annual 1	Income		
Euro 100'000 to 500' Euro 500'000 to 1'00 Euro 1'000'000 to me	D0'000 to 1'000'000 \square Euro 100'000 to 500'000 \square Euro 100'000 to 500'000					
Is the client a Trustee, Principal or Control person of any publicly traded Corporation (Control person is an Officer, Director or 10% Shareholder ? Does the client have other accounts / facilities with S □ □ YES NO If yes, specify the corporation: If yes, specify the corporation:						
Agreement BY SIGNING BELOW, I ACKNOWLEDGE AND AGREE: I have supplied all of the information requested in this form and I declare it as true and accurate and further agree to notify Swiss Management SA in writing of any changes including those in my financial situation or investment objectives.						
Date:	Name and Surn	ne and Surname:		Authorized Signature:		
please return duly signed to Swiss Management SA by e-mail or by post Mail: <u>info@swiss-managers.com</u> Renngerstrasse 71, CH-8038 Zurich or						

or Rue de Cessange 69, L-1320 Luxembourg

Swiss Management