



FOREX TB

APPLICATION FOR CHANGE OF CLIENT STATUS

To: ForexTB

Date

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Client Name:	
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Account Number ("my Account"):	
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I/We the undersigned Client, categorized by ForexTB as a:

(Retail Client / Professional Client / Eligible Counterparty, add as appropriate)

according to the "Client Categorisation Policy" of ForexTB and the Provision of Investment Services, the Exercise of Investment Activities, the Operation of Regulated Markets and Other Related Matters Law 144(I)/2007, hereby request to be treated by ForexTB as a:

(Retail Client / Professional Client / Eligible Counterparty, add as appropriate)

in relation to the investment services of reception and transmission, execution of orders in Contracts for Differences).

In case I/we am/are a Retail Client who wishes to be treated a Professional Client I/we will undertake the fitness test below for the Company's internal assessment.

I/We fully understand the level of protection afforded by the Provision of Investment Services, the Exercise of Investment Activities, the Operation of Regulated Markets and Other Related Matters Law 144(I)/2007, as subsequently amended from time to time ("the Law"), for the new category I/we am/are requesting.

I/We have read and understood and agree with the "Client Categorisation Policy" made available by the Company on its website and fully acknowledge that Professional Clients enjoy a lower level of protection as compared to Retail Clients.

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FOREX TB Ltd. is a Cyprus Investment Firm, registered in Cyprus and authorized and regulated by the Cyprus Securities Exchange Commission under license number 272/15. FOREX TB Ltd is located at 5 Alkaiou Street, flat 301, 2404 Engomi, Nicosia, Cyprus



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Fitness Test:

Note: Fitness Test is to be undertaken by Retail Clients who wish to be treated as Professional, as per the Client Categorisation Policy found on ForexTB website. In case the Fitness Test shall be undertaken by an authorized Representative of the Client, who shall be authorized to operate the Client's account, then points 1 and 3 below are directly addressed to the authorized Representative.

1. Did you carry out transactions in significant size on a relevant financial market at an average of ten (10) transactions per quarter over the previous four (4) quarters?
_____ (YES/NO, add as appropriate)

If your answer is 'yes' please specify the relevant financial market, type of financial instrument and the approximate size of transactions. _____

2. Does the size of your portfolio (cash deposits and financial instruments) exceed EUR 500.000? _____ (YES/NO, add as appropriate)

3. Do you work or have you worked in the financial sector for a period of at least one (1) year in a professional position, which requires knowledge of the transactions or service(s) envisaged. _____ (YES/NO, add as appropriate)

Full name of Client or of Authorized Signatory of Client:	
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Signature:	
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