

Account Type: ☐ Individual ☐ Joint & ☐ Joint &/or ☐ Corporate

NAME OF ACCOUNT HOLDER(S)		CIF # Official Use Only	
1.			
2.			
3.			
4.			
5.			
ACCOUNT MAILING ADDRESS (if different from the CIF Mailing Address)			
Street Address:			
Purpose of account:			
Source of Wealth: Describe how you accumulated the funds that you intend to deposit and/or invest with SIC: <div><input type="checkbox"/> Salary/Wages/Savings <input type="checkbox"/> Investments/Capital Gains <input type="checkbox"/> Family/Relatives/Inheritance <input type="checkbox"/> Other (describe):</div>			
1. Indicate your estimated net worth:			
Source of Funds: Generated from what transaction or business:			
Usual Destination of Funds - please list countries			
Estimated Annual Volume of Deposit and Withdrawals			
Deposits:		Withdrawals:	
Estimated Frequency of Deposits – Number per Year:		Estimated Frequency of Withdrawals – Number per Year:	
Investment Experience <input type="checkbox"/> None <input type="checkbox"/> Limited <input type="checkbox"/> Good <input type="checkbox"/> Extensive		Investment Objective <input type="checkbox"/> Capital Preservation <input type="checkbox"/> Income <input type="checkbox"/> Growth <input type="checkbox"/> Speculation	
Risk Tolerance <input type="checkbox"/> Conservative (low risk) <input type="checkbox"/> Moderate (medium risk) <input type="checkbox"/> Aggressive (high risk) Conservative: Cautious, having a risk-averse investment strategy which has preservation of capital as a high priority. Moderate: Willing to accept some risk for a potential higher rate of return. Aggressive: An investment strategy characterized by a willingness to accept above-average risk in pursuit of above-average return			
ACCOUNT AUTHORITY			
<input type="checkbox"/> Full Discretion (Client grants full authority without consultation) <input type="checkbox"/> Partial Discretion (Client must be contacted before execution of any transaction) <input type="checkbox"/> Custody (No discretion, assets are for safekeeping and reporting only)			
INVESTMENT PRODUCTS & SERVICES			
<input type="checkbox"/> Repurchase Agreement <input type="checkbox"/> Mutual Funds <input type="checkbox"/> Bonds <input type="checkbox"/> Stockbrokerage <input type="checkbox"/> Structured Products <input type="checkbox"/> Other:			
DECLARATION			
<p>I/We hereby request that Sagikor Investments Cayman Limited (SICL) open the account(s)/contract(s) specified above. I/We understand that the information provided herein is the basis for opening such account(s) and warrant that such information is accurate in all respects. In consideration of SICL opening the said accounts, I/We agree to provide any documents and further information requested by SICL on the opening of the account(s)/contract(s) or from time to time thereafter and to abide by SICL requirements and all laws and regulations concerning the said account(s). I/We confirm that the Terms and Conditions governing the operation of the account(s)/contracts(s) hereby requested to be opened, have been made available to me/us and I/we have read, understood and agree to be bound by such Terms and Conditions as amended from time to time. I/we agree to indemnify and hold SICL and its subsidiaries harmless in respect of any loss I/we may suffer as a result of my/our failure to comply with the aforementioned Terms and Conditions. I/We further agree that SICL shall be entitled to close my/our account forthwith if it deems the information provided herein to be insufficient or inaccurate, in the event of any breach of the aforementioned Terms and Conditions or any laws with respect to the said account(s)/contract(s) or for any other lawful reason whatsoever.</p> <p>I/We agree that I/we have received, read, understood and am/are agreeing to the General Terms and Conditions for Conducting Business with Sagikor Investments (Cayman) Limited.</p>			
Name	Signature	Date (dd/mm/yyyy)	
Name	Signature	Date (dd/mm/yyyy)	
Name	Signature	Date (dd/mm/yyyy)	

SPECIMEN SIGNATURES

Signing Designation: ☐ Any One to sign ☐ Any Two to sign

☐ Other (State combinations, attach if necessary) _____

Surname
First Name and Initial
Date
CIF Number

Signature must fit within the Signature Box

Surname
First Name and Initial
Date
CIF Number

Signature must fit within the Signature Box

Surname
First Name and Initial
Date
CIF Number

Signature must fit within the Signature Box

Surname
First Name and Initial
Date
CIF Number

Signature must fit within the Signature Box

Witnessed by: Justice of the Peace/
Notary Public/SICL Officer

Signature

Date (dd/mm/yyyy)

For Official Use Only	Entered by:	Authorised by:	Date (dd/mm/yyyy)
	Scanned by:	Authorised by:	Date (dd/mm/yyyy)
	Promotional Code:	Promotion Date (dd/mm/yyyy):	