



BG CAPITAL

Application Form
v 1.0

Tbilisi, September 2009

Opening an Account For Individuals

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Important Notice

As a professional brokerage institution observing the applicable laws, by-laws, rules, and regulations adopted by state authorities, domestic and international regulatory agencies and professional associations, we are required to protect our client's interests, for which purpose we believe our primary tasks are to understand our clients, the nature of their business, source of funds, and to ensure that we understand fully their investment objectives and specific investment experience.

Thus, you certify that all statements made in this Account Opening Application Form (the "Application") and all information, documentary or otherwise, provided to us (the "Information") are complete, true and accurate, and that they are provided upon your initiative. You agree to be fully liable for all such Information, and do not object that the Information collected be also used to confirm your business reputation and solvency according to practices applicable in international securities markets.

The Information provided in this Application shall be kept confidential and shall not be disclosed by us to a third party without your consent other than by explicit requirement under the applicable laws. You agree and acknowledge that if required to disclose any such information, we shall, without your additional consent, submit information only to the extent required by the appropriate regulations and only to the person stated in such regulations.

Please sign below to confirm your acceptance and agreement to the conditions stated above.

Signature _____

This General Information is to be completed by all clients wishing to open a Brokerage Account with us.
Please fill out this questionnaire COMPLETELY using clear capital letters.

PLEASE NOTE! Completion of this Account Opening Application Form does not impose any obligation on us to open a Brokerage/Custody Account for you. This information is necessary for us to accomplish our due diligence in determining whether we may establish an Agency service relationship with you.

Part I Account Opening Information

Date: _____ "_____", 200"__"

Please fill in ALL the fields

I. Identification and Client Information.

Full Name:

Registered Address:

Mailing Address (if different from Registered Address):

Phone Number:

Fax Number:

E-mail:

URL:

Passport/Personal ID Card Details:

Number	Series	Issue Date	Issuing Authority
Date of Birth	Place of Birth		

Georgian Tax ID (if available):

Do you currently have any pending litigation in Georgia, or have you ever had litigation, disputed accounts, or unresolved matters with a Georgian or other broker, investment firm, custodian, stock exchange or investment advisor?

Yes No

If Yes, please provide details

Have you, or a firm in which you were a senior officer, ever been convicted of a crime?

Yes No

If yes, please describe briefly

II. Authorizations

Person(s) authorized to give us trade and transfer orders (if different from the account holder):

1. Name:

Phone: _____ E-mail: _____

Acting as authorized by (please attach duly executed evidence of authorization):

2. Name:

Phone: _____ E-mail: _____

Acting as authorized by (please attach duly executed evidence of authorization):

Settlement Contact

Name _____

Phone: _____ E-mail: _____

III. Settlements and Account Information

Bank Settlement/Wiring Instructions:

IV. Required KYC Documentation* for Individuals

- Copy of the information page of your passport or other ID documents containing your photo and signature
- Copy of the Georgian Taxpayer's Certificate**

**Documents should be duly notarized and apostilled.*

*** If client doesn't have Georgian Taxpayer's ID, BG Capital is required by Georgian Law to withhold from the client capital gain and other applicable taxes upon completion of transaction*

Name: _____

Signature: _____

Date: _____

Part II Additional Information

OPTIONAL, check only those that apply

V. References, Investment Objectives, Qualifications and Experience

What is your primary occupation?

Is your occupation your primary source of income?

Yes No

If No, what is your primary source of income?

Are you employed by a firm that has as its primary business dealing in investments or securities?

Yes No

If Yes, which firm?

Are you personally acquainted with an employee or employees of our company, or any of its affiliated companies?

Yes No

If Yes, please provide the name

How would you characterize your experience with securities?

extensive moderate little no experience

Which of the following represents your investment objectives or needs?

long-term investment investing for capital gains managing liquidity
 short-term speculation investing for current income

Have you ever invested or speculated in any of the following instruments or activities? (check those that apply)

<input type="checkbox"/> publicly-traded equities	<input type="checkbox"/> commodities contracts
<input type="checkbox"/> promissory notes	<input type="checkbox"/> money-market funds
<input type="checkbox"/> exchange-traded options on underlying securities or indices	<input type="checkbox"/> life or property insurance
<input type="checkbox"/> exchange-traded futures on underlying securities or indices	<input type="checkbox"/> repos
<input type="checkbox"/> limited partnership interests	<input type="checkbox"/> stock borrowing and lending
<input type="checkbox"/> mutual funds	<input type="checkbox"/> margin trading
<input type="checkbox"/> publicly-traded corporate debt	<input type="checkbox"/> privatization/auction participation
<input type="checkbox"/> currencies contracts	
<input type="checkbox"/> government or municipal bonds _____	

please indicate

other instruments

Which amount do you intend to invest in?

From (USD): 1,000 50,000 100,000 500,000 1,000,000 More
To (USD): 50,000 100,000 500,000 1,000,000 10,000,000 More

What are your needs for custody services?

Depo (nominee) account with us
 No need for custody services (please specify why)

What is the anticipated average size and holding period of your positions in securities?

VI. Investment Strategy and Business Information

Are you acting as a nominee/agent/trustee for another individual, group or entity?

Yes No

If Yes, please identify

Do you maintain an account or a beneficial interest in an account held with us, or any of our affiliated entities, under another name?

Yes No

If Yes, please provide details

**Customer's General Representations and Warranties.
Risk Disclosure Statement**

Consent to Indemnity

The Customer hereby agrees to indemnify us and any of our affiliated entities and subsidiaries, including their directors, officers and managers **from any responsibility and reimburse us for any loss or damages for any result** that may arise in connection with decisions that may be made based on the Information provided by the Customer, or as a result of the Information being incomplete, untrue and inaccurate.

Risk Disclosure Statement

The Customer acknowledges that investing in Georgian securities involves certain considerations and a high degree of risk not usually associated with investing in other capital markets. Such risks include, but are not limited to, greater political risks of expropriation, nationalization, confiscatory taxation, and political, social and economic instability, greater likelihood of currency devaluation and more pronounced currency exchange rate fluctuations, certain policies that may restrict profitability of investment opportunities, including without limitation, restrictions on investing in businesses deemed to be sensitive to relevant national interests.

Name: _____

Signature: _____

Date:

Seal