



**CLIENT PROFILE**

**1. Income Sources:**

A. Yearly income:

- < 50,000 US\$
- 50,001 US\$- 100,000 US\$
- 100,001 US\$ - 250,000 US\$
- 250,001 US\$ - 500,000 US\$
- > 500,001 US\$

B. Net Worth

- < 250,000 US\$
- 250,001 US\$ - 500,000 US\$
- 500,001 US\$ - 1,000,000 US\$
- 1, 000,001 US\$ - 5, 000,000 US\$
- > 5, 000,000 US\$

C. Primary Source of Income

- Own Business
- Employed
- Self-Employed
- Other

\_\_\_\_\_  
Please Specify

D. Cash- Flow necessities

\_\_\_\_\_  
Aproximate amount

- Each Month
- Each Quarter
- Each Semester
- Each Year

E. Investment Period

- Short Term (1 year)
- Médium Term (2-5 years)
- Long Term (> 5 years)



F. Purpose of the portfolio

- Current Income
- Retirement
- Children Education
- Heirs
- Other

G. Comments:

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2. **Investment Experience.**

- A. Have you had investment experience?  Yes  No

B. If affirmative, please indicate which instrument and duration.

- Stocks
- Bonds
- Mutual Funds
- Future and Options
- Structured Products
- Guarantee Funds
- Currency
- Emergent Markets
- Other

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Please Specify

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Duration

- C. Do you have any other investment Accounts?  Yes  No

D. Markets in which you desire to carry out investments of your portfolio

- Panama
- United States
- Canada
- Asia
- Japan
- Latin America
- Emergent Markets

E. Industries in which you desire to carry out investments of your portfolio

- Financial, Bank, Insurance
- Real Estates
- Technology
- Telecommunications
- Mass consumption products
- Other

### 3. Risk Tolerance

- A. Do you know the different types of risk ?  Yes  
 No

If negative, the broker is obliged to explain the different kinds of risks and the risk inherent to the investment in question, before opening the account.

- B. Knowing the risks involved, are you willing to invest?  Yes  
 No

- C. What percentage of your net worth does this-  
Investment represent?  < 10 %  
 11 – 25 %  
 26 – 50 %  
 51 – 75 %

This profile shows correctly my/our investment policies.

\_\_\_\_\_  
Client's Name and Signature

Broker's signature: \_\_\_\_\_

Date: \_\_\_\_\_

Compliance Officer's signature: \_\_\_\_\_

Date: \_\_\_\_\_