

REQUEST FOR A CHANGE OF CLIENT CATEGORY (EXCLUDING A CHANGE FROM RETAIL CLIENT INTO PROFESSIONAL CLIENT CATEGORY) **IDENTIFICATION DATA** Forename and surname (name) Personal Identification Number (PESEL) or TIN Account number REQUEST CONTENT The Client declares that ☐ Professional Client; up till now he/she/it has ☐ Eligible counte party. been classified to the following category: The Client requests to be ☐ Retail Client; assigned the following ☐ Professional Client; category: ☐ Eligible Counterparty. Appendices confirming the satisfaction by the Client of the requirements necessary for a change of the category: Forename and surname Signature Date (Signatures of persons entitled to repre-(Forenames and surnames of persons entitled to representation) sentation)

Dom Maklerski TMS Brokers SA, Złote Tarasy (Budynek Skylight), ul. Złota 59, 00-120 Warszawa tel. (22) 27 66 200, fax (22) 27 66 202, dommaklerski@tms.pl, www.tms.pl

