Request for treatment as a professional client

DATE			

Т	h	e	C	li	e	n	t

NAME	ID. CODE / REG. CODE				
CLIENT'S REPRESENTATIVE					
Please tick the box(es), if you meet one or more of the characteristic	cs listed below:				
OVER LAST 12 MONTHS YOU HAVE CARRIED OUT TRAN ON THE RELEVANT MARKET AT AN AVERAGE FREQUEN					
THE SIZE OF THE YOUR FINANCIAL INSTRUMENT PORTFOLIO, DEFINED AS INCLUDING CASH DEPOSITS AND FINANCIAL INSTRUMENTS, EXCEEDS 500 000 EUROS					
YOU HOLD OR HAVE HELD A PROFESSIONAL POSITION WHICH REQUIRES KNOWLEDGE OF SECURITIES INVESTMENT IN THE FINANCIAL SECTOR FOR AT LEAST 1 YEAR					
ADDITIONAL INFORMATION OF CLIENT'S EXPERIENCE, KNOW	VLEDGE AND EXPERTISE				

In case LHV Pank AS ("LHV") satisfies this request for treating the client as a professional client, LHV may:

- not provide additional information to the client concerning the risks relating to securities and/or investments.
 The client must request the information from LHV if required.
- assume that the client has the knowledge and experience in order to understand the risks involved in relation to the respective investment services, securities and/or transactions.

The client is obligated to notify LHV immediately of any events or circumstances which may have an impact on his/her status as a professional client.

Hereby the client confirms:

- to have sufficient experience, knowledge and professionalism to make the investment decisions and adequately
 assess the risks associated therewith and the client requests to be treated as a professional client in connection with
 all the securities and investment services provided by LHV with an institutional brokerage services agreement;
- to waive the relevant protection granted to a retail client and is aware about the consequences of such waiver.

Confirmations

CLIENT'S OR REPRESENTATIVE'S NAME AND SIGNATURE

