

CLIENT QUESTIONNAIRE: INVESTMENT OBJECTIVE AND RISK TOLERANCE

DIFC Branch



We understand your world

Application Date : / /

What is your investment objective? (Please tick as appropriate)	
<input type="checkbox"/> Capital growth only	<input type="checkbox"/> Income and some capital growth
<input type="checkbox"/> Capital growth and some income	<input type="checkbox"/> Income only
<input type="checkbox"/> Balance of capital growth and income	

What is your investment horizon, i.e., over what period of time do you expect or need to achieve your investment objective? (Please tick as appropriate)	
<input type="checkbox"/> Long term: more than 7 years (please specify)	<input type="checkbox"/> Short to medium term: between 1 and 3 years
<input type="checkbox"/> Medium term: between 4 and 7 years	<input type="checkbox"/> Short term: less than 1 year

What is your preferred style of investment? (Please tick as appropriate)
<input type="checkbox"/> Aggressive: You will expose a greater proportion of the portfolio to risk to generate higher returns.
<input type="checkbox"/> Moderate: You will expose a portion of the portfolio to higher risk to generate higher returns.
<input type="checkbox"/> Conservative: You favour capital preservation over investment returns.

Are there any other requirements or relevant facts of which we should be aware? (Please specify)

(1st Applicant Signature)

(2nd Applicant Signature)

(3rd Applicant Signature)

FOR FIRM USE ONLY

Comments:

Reviewed by:
Relationship Manager

Name: _____

Date: _____

Signature

Compliance Officer

Name: _____

Date: _____

Signature