



CERTIFICATE OF INSURANCE

Professional Indemnity for Financial Institutions Insurance

Certificate No: P/080408/2019/6

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| 1. | (a) Name of the Insured: | IFCM Cyprus Limited |
| | (b) Address of the Insured: | 38 Spyrou Kyprianou str, Office 101
& 102, 4042 Germasogeia, Limassol |
| 2. | Policy No: | P/080408/2019/6 |
| 3. | Date of commencement of the Policy: | 14/11/2022 |
| 4. | Date of Expiry of the Policy: | 13/11/2023 |
| 5. | Type of Business transacted: | Financial Institution |
| 6. | Additional Insured: | IFCMARKETS. CORP. BVI |

Signature:

Date of Issue: 05.12.2022

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AIG Europe SA (Cyprus Branch)