

The Annex No.1 to the Client Questionnaire (for legal entities)

Client CIF A

Date Venue

Client (company name)

Registration number

The information of Client's economic activity and license

Client's economic activity:

- | | |
|--|--|
| <input type="checkbox"/> Investment services and investment non-core services | <input type="checkbox"/> Leasing, factoring companies, IBS, consumer lenders |
| <input type="checkbox"/> MFI (electronic money institutions, credit institutions, credit unions) | <input type="checkbox"/> Provision of money services |
| <input type="checkbox"/> Attractive financial institutions and money lenders (lombard) | <input type="checkbox"/> Currency exchange, currency trade intermediary services |
| <input type="checkbox"/> Paying authorities, broker, currency exchange points, currency trade intermediary services, IPS | <input type="checkbox"/> Other (specify) <input type="text"/> |

Does the Client carries economic activity in the country of registration?

Yes No (specify the country in which the economic activity is being carried out)

Is the Client a member or participant in an organization which unites merchants of the relevant field?

Yes (specify name) Website No

Describe Your clients:

- Individuals % of the total number of clients
- Legal entities % of the total number of clients
- LR residents % of the total number of clients
- LR non-residents % of the total number of clients

Country of residence of Your clients (please specify the countries)

In which country Your clients are carrying out economic / personal activity? (specify)

Information about measures to prevent money laundering and terrorism financing

Does the Client perform identification, investigation, origin of funds analysis of their clients and keeps records related with client investigation?

Yes (describe)

No

Does the company have structures / persons, who are responsible for taking anti-money laundering and anti-terrorism financing measures?

Yes (specify structures, the name, surname, contact information of responsible persons)

No

Indicate the laws governing anti-money laundering and anti-terrorism financing measures and binding on the company:

1.
2.
3.
4.
5.

Indicate the internal normative acts of the company governing anti-money laundering and anti-terrorism financing measures

- 1.
2.
3.

Information about auditors

Name
Address
Phone +
Website

Approval of conformity FATCA status

Is the Client a financial institution within the meaning of U.S. FATCA? *

Yes (specify) No

Conformity FATCA status of the financial institution

FATCA Global Intermediary Identification Number (GIIN)

The reasons for the lack of financial authorities GIIN

* "Financial institution" - Holder institution, a Depository institution, an Investment entity, or a Specified insurance Company.

- a) "Custodial Institution" - any entity that holds, as a substantial portion of its business, financial assets for the account of others.
b) "Depository institution" - any entity that accept deposits in the ordinary course of a banking or similar business.
c) "Investment entity" - any entity that conducts as a business (or is managed by an entity that conducts as a business) one or more of the following activities or operations for or on behalf of a client (for example an account holder):
i) Trading in money market instruments (cheques, bills, certificates of deposit, derivatives, etc.); foreign exchange; exchange, interest rate and index instruments; transferable securities; or commodity futures trading;
ii) Individual and collective portfolio management; or
iii) Otherwise investing, administering, or managing funds or money on behalf of other persons.

This subparagraph "c" shall be interpreted in a manner consistent with similar language set forth in the definition of "Financial Institution" in the Financial Action Task Force or FATF Recommendations."

d) The term "Specified Insurance Company" means any entity that is an insurance company (or the holding company of an insurance company) that issues, or is obligated to make payments with respect to, a Cash Value Insurance Contract or an Annuity Contract.

I Certify that the information in this document is complete and true.

I undertake to immediately inform the Bank in writing on any changes in the above information. I am informed that in accordance with General terms of service, the Annex No.1 to the Client Questionnaire is an integral part of the Contract and the signing of this Application means the signing of the Contract, except the Bank Services, which can be received only by signing of Special agreement.

The Client's representative (position, name, surname, signature)
The Client's representative (position, name, surname, signature, Seal)

To be completed by a representative of the Bank, who identifies the Client.

The document has been signed in my presence. I confirm the identity and signature / -s of the Client's representative / -s.

(The Bank representative position, name, surname) (signature) (date)