

Questionnaire regarding the Client's Controlling Person, submitted in accordance with the requirements of the standard for the automatic exchange of information on financial accounts

Dear Customer!

In order to carry out your self-certification in accordance with the requirements of the legislation of the Russian Federation: Chapter 20.1 of the Tax Code of the Russian Federation, Federal Law dated November 27, 2017 No. 340-FZ "On amendments to part one of the Tax Code of the Russian Federation in connection with the implementation of international automatic exchange of information and documentation for international groups of companies", Resolution of the Government of the Russian Federation dated June 16, 2018 No. 693 "On the implementation of the international automatic exchange of financial information with the competent authorities of foreign states (territories)" You need to fill out this form.

The Client's controlling person (a person who directly or indirectly controls the Client) is an individual who ultimately directly or indirectly (through third parties) owns (has a predominant participation of more than 25 percent in the capital) the client or has the ability to control the Client's actions.

Please use only CAPITAL letters to fill out the form.

Section 1. IDENTIFICATION	
Surname	
Name	
Middle name (if last)	
Date of birth (in DD.MM .Y YYYY format)	
<i>Place of Birth:</i>	
A country	
City/other administrative entity of the territorial division of a foreign state (if any)	
<i>Current residential address:</i>	
A country	
City/other administrative entity of territorial division (if any)	
Street, number of house (property), building, apartment	
Index/analog (if available)	
<i>Postal address (to be filled in if it differs from the address of residence)</i>	
A country	
City/other administrative entity of the territorial division of a foreign state (if any)	
Street, number of house (property), building, apartment	
Index/analog (if available)	
Please indicate the names of legal entities in respect of which you are the controlling party:	
Section 2. COUNTRY (JURISDICTION) OF TAX RESIDENCE/PAYMENT OF TAXES and foreign taxpayer identification number assigned by a foreign state (territory) or its equivalent (hereinafter referred to as TIN)	
Country (jurisdiction) of tax residence /tax payment	TIN, if the TIN is not provided, then indicate the reason (reasons A , B and C are given below).

1.	
2.	
3.	

Reason A – the country/jurisdiction of tax residence of the account holder does not issue a TIN.

Reason B – The account holder is otherwise unable to obtain a TIN or equivalent (please indicate the reason below).

Reason C - provision of a TIN is not required (if the law of your jurisdiction does not require the collection of TIN data or prohibits the disclosure of TIN data of its residents).

Please provide an accurate explanation if you are unable to provide a TIN due to reason B:

Section 3. TYPE OF CONTROLLING PERSON

Please indicate the status of the controlling person by checking the appropriate box	Legal entity 1	Legal entity 2	Legal entity 3
Control over a legal entity through ownership			
Control over a legal entity through management in a managerial capacity			
Control over a legal entity for other reasons			
Control of the trust as settlor			
Control of the trust as trustee (trustee)			
Control of the trust as a trustee (protector)			
–Control of the trust as a beneficiary			
Control over a trust for other reasons			
Control by a person similar to the founder over another structure without forming a legal entity			
Control by a person similar to a trustee over another structure without forming a legal entity			
Control by a person similar to a defender over another structure without forming a legal entity			

Control by a person similar to the beneficiary over another structure without forming a legal entity			
Control over another structure without forming a legal entity for other reasons			

Section 4. DECLARATIONS AND SIGNATURES

- I confirm that the information specified in the Questionnaire is complete and reliable, regarding liability for failure to provide the information requested by the Bank regarding

_____ ,
Full name of the Bank Client,

its beneficiaries and (or) persons directly or indirectly controlling them have been warned in accordance with Chapter 20.1 of the Tax Code of the Russian Federation*.

- I undertake to submit to the Bank documents and/or information confirming the data specified in this Questionnaire, as well as to inform about any changes to the information contained in this document within 30 days from the date of the change.

* In case of providing incomplete information (including failure to provide a taxpayer identification number or its equivalent) or knowingly incorrect information, the Bank has the right to refuse to conclude a new agreement with the Client or refuse to carry out transactions carried out in favor of or on behalf of the Client under an existing one agreement and (or) unilaterally terminate the existing agreement in accordance with the provisions of Article 142.4 of the Tax Code of the Russian Federation.

Signature _____

Full name _____

Print (if available)

Date “__” _____ 20__

Contact phone number _____

If the Form is not signed by the account owner, please indicate your authority below.

Authority: _____