

Questionnaire of the Client (Beneficiary) – legal entity, structure without forming a legal entity, submitted in accordance with the requirements of the standard for 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.

Client (beneficiary) – legal entity – legal entity, structure without forming a legal entity.

Please use only CAPITAL letters to fill out the form.

Section 1. GENERAL INFORMATION	
Name of the Client - legal entity/branch/structure without forming a legal entity (hereinafter referred to as the Client)	
State (territory) of tax residence of the legal entity	
Country of operation	
<i>Address in country of registration:</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)	
<i>Mailing address:</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)	
Section 2. TYPE OF LEGAL ENTITY	
Part 1	
☐	1. A financial investment organization registered/established in a state (territory) not included in the list of states (territories) with which the Russian Federation carries out automatic exchange of financial information, managed by another financial market organization
If you have defined your status as "1. Financial investment organization", then also indicate your GIIN (if available): ____ - ____ - ____ - ____ - ____ - ____ - ____ - ____ - ____ - ____	
☐	2. Financial institution: Credit organisation Insurer carrying out voluntary life insurance activities A professional participant in the securities market carrying out brokerage activities and (or) securities management activities and (or) depository activities Manager under a property trust agreement Non-state pension fund Joint Stock Investment Fund Management company of an investment fund, mutual fund and non-state pension fund Central counterparty Managing partner of an investment partnership

	Another organization or structure without forming a legal entity, which, as part of its activities, accepts funds or other financial assets from clients for storage, management, investment and (or) carrying out other transactions in the interests of the client or directly or indirectly at the expense of the client
☐	3. Active non-financial company - an organization whose shares are traded in organized trading, or an affiliated company of the above organization
3.1. If you have defined your status as "3. Active non-financial company", then indicate below the name of the exchange where shares of your organization are traded:	
3.2. If you are an affiliated company of an organization whose shares are traded on organized trading, then indicate the name of the parent company:	
☐	4. Active non-financial company - a state company, central bank, international organization or organization, 100 shares (shares) of participation in the authorized capital of which belongs to one or more of the above organizations
☐	5. Active non-financial company - an organization created for the purpose of directly owning traded shares (stakes) of organizations that are not financial market organizations, or for the purpose of financing such organizations, with the exception of organizations that own or finance such organizations solely for investment purposes
☐	6. Active non-financial company – newly created organization
☐	7. An active non-financial company is a non-profit organization whose income is not subject to taxation or is exempt from taxes
☐	8. An organization in the process of liquidation or bankruptcy that has not been a financial market organization for the previous 5 years and is in the process of liquidation, bankruptcy or reorganization in order to continue or resume commercial activities, with the exception of activities carried out by a financial market organization
☐	9. Other active non-financial company - an organization, more than 50% of the total income of which for the previous period consists of income from core activities
☐	10. Passive non-financial company (complete Part 2). <i>The definition of a passive non-financial organization is made in accordance with Appendix 6.</i>
Part 2 (to be completed if you have chosen clause 1.. or clause 10)	
Indicate the names of the account holder's controlling persons:	
Complete the Controlling Person Tax Residency Self-Certification Form for each controlling person you designate.	
Section 3. COUNTRY A (JURISDICTION) 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 owner cannot obtain a TIN or its equivalent for other reasons (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 4. DECLARATIONS AND SIGNATURE

- 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.

Full name of the head of the organization:

Date "___" _____ 20__

Signature _____

Print (if available)

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

Authority: _____