

Questionnaire of client – legal entity – non-resident

1	Full name:		
2	Short name (if any):		
3	Ownership form:		
Is your company a nonprofit organization? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
Is your company a trust*? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
<p><small>* - a legal entity that carries out its activities on the basis of trusteeship, where the assignee acts at the expense and in the interests of the principal, and also undertakes to perform certain legal actions for remuneration.</small></p>			
If "Yes", please provide the identification information on the trustees and agents			
4	Legal address:		
5	Mail address:		
6	Date of registration:		
7	Registration authority:		
8	Details of the registration certificate or extract from the banking, trading or judicial register:		
9	Registration country:		
10	Detached subdivisions (branches, representative offices or other separate departments etc.):		
11	Phone:		
12	Fax:		
13	Email:		
14	Number of employees:		
15	Identification data of the client's representatives (except other persons who are in employment with the client):		
1. Full Name			Director
Passport or other identity document: Passport		Series	No.
Issued by			Date of issue
Registration number of the accounting card of the taxpayer (identification number);			date of birth
Address of registration			
Address of residence / stay			
2. Full Name			
Passport or other identity document		Series	No.
Issued by			Date of issue
Registration number of the accounting card of the taxpayer (identification number);			date of birth
Address of registration			
Address of residence / stay			
16	Identification data of persons entitled to dispose of accounts and property:		

1. Full Name			position	Director
Passport or other identity document		Passport	Series	No.
Issued by			Date of issue	
Registration number of the accounting card of the taxpayer (identification number);			date of birth	
Address of registration				
Address of residence / stay				
2. Full Name			position	Director
Passport or other identity document		Passport	Series	No.
Issued by			Date of issue	
Registration number of the accounting card of the taxpayer (identification number);			date of birth	
Address of registration				
Address of residence / stay				
3. Full Name			position	Director
Passport or other identity document		Passport	Series	No.
Issued by			Date of issue	
Registration number of the accounting card of the taxpayer (identification number);			date of birth	
Address of registration				
Address of residence / stay				
4. Full Name			position	Director
Passport or other identity document		Passport	Series	No.
Issued by			Date of issue	
Registration number of the accounting card of the taxpayer (identification number);			date of birth	
Address of registration				
Address of residence / stay				
17	Data on private individuals who are the final beneficiary owners (the ability to do decisive influence (control) on the activities of the legal entity on whose behalf the transaction is conducted (including through the chain of control / ownership), by direct ownership of a private individual's share of at least 25 percent authorized (composed) capital or voting rights in a legal entity or voting rights of a legal entity through related individuals or legal entities, or do decisive influence by exercising the right to control, own, use or dispose of all assets or their share, the right to receive income from activities legal entity, the right to decisive influence on the formation of the composition, the results of voting of management, as well as the commission of transactions that allow to determine the basic conditions of economic activity of the legal entity, formation, make binding decisions that have a decisive impact on the legal entity, regardless of the formal possession. In this case, the final beneficiary owner may not be a person who has a formal right to 25 percent or more of the authorized capital or voting rights in a legal entity, but is a commercial agent, nominal owner or nominal holder, or only an intermediary for such right.			
1. Full Name			date of birth	
country of permanent residence			date of birth	
Share of beneficiary ownership / influence				
2. Full Name			date of birth	
country of permanent residence			date of birth	
Share of beneficiary ownership / influence				
3. Full Name			date of birth	
country of permanent residence			date of birth	
Share of beneficiary ownership / influence				
4. Full Name			date of birth	
country of permanent residence			date of birth	
Share of beneficiary ownership / influence				
18	Information on Executive Body (<i>Management Board/Board of Directors/Directorate/Director/General Director, etc.</i>) :			
19	Full name including patronymic (if any) of the head or person charged with functions on management and control of economic activity			
Full Name			Position	

Full Name		Position	
20	Do the persons, specified in Clauses 15,16,17.19 belong to the public persons or persons related with public persons**? Yes <input type="checkbox"/> No X <input type="checkbox"/> . If Yes, please provide full name and their public activity (position and period of stay at the position) or relations with the public person		
	Full Name	Belonging	Public activity or relations with public person
		Public person Yes <input type="checkbox"/>	
		Family member Yes <input type="checkbox"/>	
		Related person Yes <input type="checkbox"/>	
		Public person Yes <input type="checkbox"/>	
		Family member Yes <input type="checkbox"/>	
		Related person Yes <input type="checkbox"/>	
		Public person Yes <input type="checkbox"/>	
		Family member Yes <input type="checkbox"/>	
		Related person Yes <input type="checkbox"/>	
21	When did your company start its activity?		
22	Information on parent company, corporation, holding group, industrial and financial group or other unions which members is Your company, subsidiary companies:		
23	The amount of the share capital:		
23.1	The amount of the formed share capital:		
24	Characteristics of the financial standing:		
24.1	Annual sale amount for the last reporting year: _____		
24.1	If your company is newly formed, please specify the expected goods turnover under Your marketing plans for 1 year: _____		
24.2	Net income/loss (for the last reporting year):		
24.3	Amount of the current assets:		
24.4	Own equity:		
24.5	Amount of deposits with other banks:		
24.6	Do you own securities? Yes <input type="checkbox"/> No <input type="checkbox"/>		
24.7	Amount of debt for the loans with the other banks: <input type="checkbox"/> up to UAH 50,000; <input type="checkbox"/> from UAH 50,000 to UAH 1,000,000; <input type="checkbox"/> more than UAH 1,000,000; in amount of UAH <input type="checkbox"/> , <input type="checkbox"/> No debt / No loans		
25	Type (types) of economic activity:		
26	Scope of activity (type of product, name of service, type of production etc.):		
27	Licenses (permits) to conduct certain transactions (activity) (name, series, numbers, issuing authority, validity period):		
28	Banking services (products) you plan to use:		
29	Do you have accounts opened with the other banks? YES <input type="checkbox"/> NO <input type="checkbox"/> . If yes, please specify the name of the bank, bank code and account number:		

30	Sources of funds receipt and other valuables on the accounts (including those, which are expected)	
	as financial aid	YES <input type="checkbox"/> NO <input type="checkbox"/>
	from securities' sales	YES <input type="checkbox"/> NO <input type="checkbox"/>
	from sale or assignment of monetary claim	YES <input type="checkbox"/> NO <input type="checkbox"/>
	as a loan	YES <input type="checkbox"/> NO <input type="checkbox"/>
	from entering into fixed-term contracts or use of other derivative financial instruments	YES <input type="checkbox"/> NO <input type="checkbox"/>
	from the main activities (shipping revenues)	YES <input type="checkbox"/> NO <input type="checkbox"/>
	Other (specify):	YES <input type="checkbox"/> NO <input type="checkbox"/>
31	Specify the average monthly volumes of the above-mentioned transactions that you plan to conduct in our Bank (UAH)	<input type="checkbox"/> to 500 000 <input type="checkbox"/> from 500 000 to 3 000 000 <input type="checkbox"/> from 3 000 000 <input type="checkbox"/> indicate the MAX amount
32	Which source provided you with the information on the Bank?	
33	Are there US citizens and / or US tax residents* among the persons stated in paragraphs 15, 16, 17, 19: YES <input type="checkbox"/> NO <input type="checkbox"/>	

* Trust - a legal relationship established by the founder in accordance with the laws of the country of establish for life or in case of death, when the assets fall under the control of the trustee in favor of the beneficiary (beneficiary) or for a specific purpose, characterized by the following features:

- the assets form a separate fund and are not part of the trust owner's own property;
- the rights to the trust's assets are issued in the name of the trust owner or in the name of another person acting on behalf of the trust owner;
- the fiduciary has the powers and responsibilities within which he is responsible and may manage, use or dispose of the assets in accordance with the terms of the fiduciary agreement and the special "duties imposed on him by the law of the State concerned;

** Public persons - national public persons, foreign public persons, figures, performing considerable functions in the international organization as well as their related persons. I have studied the Instructions on public persons.

I confirm the reliability of the abovementioned information: I'm obliged to notify on any changes of the information, specified in the questionnaire and to provide the confirming documents during 5 days.

(date of filling in)

(position)

(signature, full name)

Seal (if any)

Person in charge of the Bank which accepted and verified this Questionnaire

(signature, surname, initials)

« ____ » _____ 20__.

* Under definition of "US tax resident" means that individual has a US green card (United States permanent resident card (USPRC) or the citizenship of American territories such as Puerto Rico, Guam, the Virgin Islands (US), the Northern Mariana Islands, American Samoa, or the fact that individual has been staying in the United States for 183 or more days in the last 3 years, including 31 or more days in the current calendar year. This information is requested to comply with the requirements of the Foreign Accounts Tax Compliance Act (FATCA); details on www.irs.gov