

Questionnaire of the client – representation of the legal entity – non-resident

1	Full name:			
2	Short name (if any):			
3	Legal address:			
4	Information on the registration as the income tax payer (registration number, registration date, registration authority) (if any):			
5	Type (types) of economic activity:			
6	Scope of activity (type of product, name of service, type of production etc.):			
7	Licenses (permits) to conduct certain transactions (activity) (name, series, numbers, issuing authority, validity period):			
8	Which products/services of the Bank do you plan to use?			
9	Identification information of the persons, who are entitled to dispose of accounts and property			
	1. Full Name		position	
	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			
	2. Full Name		position	
	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			
	3. Full Name		position	
	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			
	4. Full Name		position	
	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			
10	Phone:			
11	Fax:			
12	Email:			

13	Accounts opened with the other banks (bank name, bank code, account number) :		
Information on the identification of the legal entity – non-resident			
14	Full name		
15	Short name (if any):		
16	Form of incorporation		
17	Ownership form:		
18	Registration country:		
19	Date of registration:		
20	Registration authority:		
21	Details of the registration certificate or extract from the banking, trading or judicial register:		
22	Location of legal entity - non-resident::		
23	Does your company have detached subdivisions (branches, representative offices or other separate departments etc.)?		
24	Phone:		
25	Fax:		
26	Email:		
27	Identification information of the persons, who are entitled to dispose of accounts and property of legal entity - non-resident:		
	1. Full Name		position
	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		
	2. Full Name		position
	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		
	3. Full Name		position
	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		
	4. Full Name		position
	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		

28	Information on Executive Body (<i>Management Board/Board of Directors/Directorate/Director/General Director, etc.</i>)																																									
29	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																																								
30	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.																																									
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	country of permanent residence		date of birth																																							
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31	Do the persons, specified in Clauses 9, 27, 29, 30 belong to the politically exposed persons (PEP) or persons, related with PEP*? Yes <input type="checkbox"/> No <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																																									
	<table border="1"> <thead> <tr> <th>Full Name</th> <th>Belonging</th> <th>Public activity or relations with public person</th> </tr> </thead> <tbody> <tr> <td></td> <td>Public person Yes <input type="checkbox"/></td> <td></td> </tr> <tr> <td></td> <td>Family member Yes <input type="checkbox"/></td> <td></td> </tr> <tr> <td></td> <td>Related person Yes <input type="checkbox"/></td> <td></td> </tr> <tr> <td></td> <td>Public person Yes <input type="checkbox"/></td> <td></td> </tr> <tr> <td></td> <td>Family member Yes <input type="checkbox"/></td> <td></td> </tr> <tr> <td></td> <td>Related person Yes <input type="checkbox"/></td> <td></td> </tr> <tr> <td></td> <td>Public person Yes <input type="checkbox"/></td> <td></td> </tr> <tr> <td></td> <td>Family member Yes <input type="checkbox"/></td> <td></td> </tr> <tr> <td></td> <td>Related person Yes <input type="checkbox"/></td> <td></td> </tr> <tr> <td></td> <td>Public person Yes <input type="checkbox"/></td> <td></td> </tr> <tr> <td></td> <td>Family member Yes <input type="checkbox"/></td> <td></td> </tr> <tr> <td></td> <td>Related person Yes <input type="checkbox"/></td> <td></td> </tr> </tbody> </table>			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"/>			Public person Yes <input type="checkbox"/>			Family member Yes <input type="checkbox"/>			Related person Yes <input type="checkbox"/>	
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32	information on parent company, corporation, holding group, industrial and financial group or other unions which members is the client:																																									
33	The amount of the share capital:																																									
33.1	The amount of the formed share capital:																																									
34	Characteristics of the financial standing																																									
	Annual sale amount for the last reporting year: _____																																									
34.1	If your company is newly formed, please specify the expected goods turnover under Your marketing plans for 1 year: _____																																									

34.2	Net income/loss (for the last reporting year):	
34.3	Amount of the current assets:	
34.4	Own equity:	
34.5	Amount of deposits with other banks: _____ -	
34.6	Does the company own securities? Yes <input type="checkbox"/> No <input type="checkbox"/>	
34.7	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; amount of UAH <input type="checkbox"/> , <input type="checkbox"/> No debt / No loans	
34.8	Number of employees:	
35	Type (types) of economic activity:	
36	Scope of activity (type of product, name of service, type of production etc.):	
37	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	YES <input type="checkbox"/> NO <input type="checkbox"/>
	Other (specify):	YES <input type="checkbox"/> NO <input type="checkbox"/>
38	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"/> please, indicate the MAX amount
39	Which source provided you with the information on the Bank?	
40	Are there US citizens and / or US tax residents* among the persons stated in paragraphs 9, 27, 29, 30: YES <input type="checkbox"/> NO <input type="checkbox"/>	

* 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)

* 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