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| ***KNOW YOUR CLIENT***  ***QUESTIONNAIRE*** | | | |
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| **1. GENERAL INFORMATION**  *(if you represent local branch of the company, please add information concerning your mother company after «/»)* | | | |
| 1. | Full Legal Name/Title in English (please include form of your organization, i.e. LLC, LLP, s.r.o., GmbH etc. | |  |
| Full Legal Name/Title in local language, if different from English | |  |
| 2. | Abbreviated Legal Name | |  |
| 3. | Registration Date | |  |
| 4. | Legal Address, Country of Incorporation | |  |
| 5. | Headquarters’ Address | |  |
| 6. | Facilities’ Address (applicable for the purchase of services) | |  |
| 7. | Registration Number (or other Reference Number to legally identify your company, if not applicable, i.e. Tax Number) | |  |
| 8. | Company Web-Site | |  |
| 9. | If your company is part of a group of companies, please indicate the name/title of the group and provide information concerning related companies (name and country of incorporation) | |  |
| 10. | Primary Business Activity | |  |
| 11. | Please indicate if your company has been reorganized, spin-off, renamed; if the company is a legal successor of another legal entity please state its name | |  |
| 12. | Is your company in a default position or in liquidation state?  Have bankruptcy proceedings been initiated against it? | |  |
| 13. | Are there any tax residents/citizens of the USA or Great Britain or individuals who have USA or Great Britain green cards among the UBO/ shareholders/ the management bodies/supervisory board/of the company or any company of the group your company is a part of? | |  |
| **2. MEMBERS OF THE BOARD / SENIOR MANAGEMENT AND AUTHORIZED PERSONS** | | | |
| 14. | Please indicate the name and last name, title/position, nationality (residency), gender and date of birth | |  |
| Please indicate the name and last name in local language, if different from English | |  |
| **3. SHAREHOLDERS/ FOUNDERS/BENEFICIARY OWNERS**  *(if you represent branch of the company, please add only information about your mother company in this clause)* | | | |
| 15. | Real (not nominal) ultimate beneficial owners (individuals) of your company with 10%+ company ownership or ultimate control right, Please indicate residency, gender and date of birth for each | |  |
| Please indicate the name and last name in local language, if different from English | |  |
| **4. COMPANY STRUCTURE / ULTIMATE BENEFICIAL OWNERS (please use example in the Annex)** | | | |
| **ADDITIONAL INFORMATION** | | | |
| 16. | Please indicate your servicing bank (legal name, country of incorporation, address, registration code and SWIFT) | |  |
| **5. LEVEL OF COMPLIANCE** | | | |
| 17 | Has your company appointed a special officer who is responsible for the implementation of the internal control regulations to combat corruption, anti-money laundering and terrorism financing? Please specify the name, position and contact details. | |  |
| 18 | Has your company approved internal control regulations to combat corruption, anti-money laundering and terrorism financing? Please insert relevant links if the documents are publicly available | |  |
| **6. COMPLIANCE DECLARATION** | | | |
| 19. | Hereby confirm by signature below that: | | |
| 1) our company is currently is not and will not be associated in the future with trading operations or money sourced from the countries under restrictions, economic sanctions or similar restrictions, in particular: | | |
| 2) neither our company nor its officials, founders, beneficial owners, affiliates and other related companies (both with our company and its officials, founders, beneficial owners, their relatives):  - have not been subject to any economic sanctions or similar restrictions.  - are not associated with any politically exposed persons (PEPs)  - were not accused because of corruptive actions or money laundering, tax evasion, terrorism or any similar actions and do not violate any sanctions restrictions of OFAC, UN and EU or other competent authorities. | | |
| **COMMENTS:** |  | |
| 20. | By signing this, I confirm the correctness and accuracy of the information provided in this questionnaire and my authorization to sigh this questionnaire. I will notify Company if any further changes immediately. | | |
| Completed by [Note]  Date [Date] | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature and stamp (if used) |