QUESTIONNAIRE OF THE CLIENT-INDIVIDUAL ENTREPRENEUR/ CLIENT'S REPRESENTATIVE

Part I Appendix 4

|  |  |
| --- | --- |
| Last name, first name, patronymic (if any) |  |
| Date of birth |  |
| Place of birth |  |
|  Nationality |  |
| Address of residence (registration)  |  |
| Location address |  |
| Details of the identity document: series (if any) and number of the document, date of issue of the document, name of the issuing authority and subdivision code (if any)  |  |
| Data of the document confirming the right of a foreign citizen or stateless person to stay (reside) in the Russian Federation (data of the migration card in the absence of other documents): series (if available) and number of the document, the date of the right of stay (reside), the date of expiry of the right of stay (reside) |  |
| Registration (incorporation) date |  |
| Information about the registration as an individual entrepreneur | Primary State Registration Number |  |
| Name of registration authority |  |
| Place of state registration |
| Type of business activity (including goods produced, work performed and services provided) |  |
| Information about the license to carry out activities subject to licensing: type, number, date of issue of the license; issuing authority; period of validity; list of licensed activities. |  |
| Taxpayer Identification Number (TIN), Individual Insurance Account Number of the insured (SNILS) (if available) |  |
| Whether you are: | 1. a foreign public official |  |
| 2. an official of public international organizations |  |
| 3. a person occupying (holding) public positions of the Russian Federation, positions of members of the Board of Directors of the Central Bank of the Russian Federation, federal public service positions to which appointment and dismissal are performed by the President of the Russian Federation or the Government of the Russian Federation, positions in the Central Bank of the Russian Federation, state corporations and other organizations established by the Russian Federation on the basis of federal laws, included in the lists of positions determined by the President of the Russian Federation |  |
| Whether you are a spouse, a close relative of: | 1. a foreign public official |  |
| 2. an official of public international organizations |  |
| 3. a person occupying (holding) public positions of the Russian Federation, positions of members of the Board of Directors of the Central Bank of the Russian Federation, federal public service positions to which appointment and dismissal are performed by the President of the Russian Federation or the Government of the Russian Federation, positions in the Central Bank of the Russian Federation, state corporations and other organizations established by the Russian Federation on the basis of federal laws, included in the lists of positions determined by the President of the Russian Federation |  |
| Position of the client who is a person specified in subclause 1, clause 1, Article 7.3 of the Federal Law dated 07 August 2001 No. 115-FZ, name and address of his/her employer. |  |
| Degree of kinship or status (spouse) of the client (in relation to the person specified in subclause 1, clause 1, Article 7.3 of the Federal Law dated 07 August 2001 No. 115-FZ). |  |
| Do you plan to perform operations for the benefit of others in banking operations and transactions, in particular under an agency agreement, commission agreement, trust agreement, make payments for third parties? |  Yes (in this case, you must fill out a beneficiary questionnaire) No |
| Beneficial owner (an individual who has the ability to control your actions as an individual entrepreneur) |  |
| Information about the beneficial owner of the client, including the decision of the credit institution to recognize another individual as the beneficial owner of the client with the rationale of the decision made (if such beneficial owner is identified). |  |
| Information confirming that the person has the authority of the representative of the client – name, date of issue, validity term, number of the document, on which the representative powers of the of the client are based |  |
| Information about the purpose of establishing a relationship with the bank[[1]](#footnote-1)\* |  |
| What banking products/services do you expect to use[[2]](#footnote-2)\* |  Non-cash settlements in rubles Non-cash settlements in foreign currency Collection  Cash deposit and withdrawal Transactions on purchase/sale of foreign currency Brokerage operations on the securities market Depository operations Transactions with promissory notes of Togliattikhimbank JSC  Placing funds on deposit Receiving loans Trust management of funds and propertyOther (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Objectives of the financial and economic activities of the individual entrepreneur[[3]](#footnote-3)\* | Planned number of transactions per month:up to 50 over 50 |
| Planned cash turnover per month: up to 500 th. rub. from 500 th. rub. to 1 mln rub.from 1 mln rub. to 5 mln rub. over 5 mln rub. |
| Planned amount of cash withdrawal transactions per month:0 rub. up to 500 th. rub. from 500 th. rub. to 1 mln rub.from 1 mln rub. to 5 mln rub. over 5 mln rub. |
| Planned amount of transactions related to money transfers in foreign trade activities per month:0 rub.up to 1 mln in rubles equivalentfrom 1 mln rub. to 5 mln in rubles equivalentover 5 mln in rubles equivalent  |
| Contact information (phone number, fax number, e-mail address, postal address (if any), domain name, index of the Internet website. |  |
| Information about the sources of funds (or) other property |  |
| Questionnaire completion date:  |  |

Client's signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/

Part II (to be filled out by the bank employee):

|  |  |
| --- | --- |
| Information (documents) on the financial position  | Copy of annual (or quarter) tax returnCertificate of the taxpayer's (payer of fees, tax agent's) fulfillment of obligation to pay taxes, fees, penalties, fines, issued by the tax authorityInformation on the absence of insolvency (bankruptcy) proceedings against the client, decisions of judicial authorities to declare the client insolvent (bankrupt), liquidation procedures in force as of the date of submission of documents to the credit institutionData on the client's rating posted on the Internet websites of Russian national rating agencies and international rating agencies  (Standard & Poor's, Fitch-Ratings, Moody's Investors Service, etc.).  Non-resident documentsFinancial situation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Information about goodwill  |  |

The data entered into the electronic database:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/

 (position) (signature) Full name

|  |  |
| --- | --- |
| Date account opened |  |
| Account supervisor |  |
| Surname, first name, patronymic, position of the person who made the decision to accept the client for service |  |

 The account opened by:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/

 (position) (signature) Full name

Results of verification of the presence (absence) of information about the client's involvement in extremist activity:

|  |  |
| --- | --- |
| Verification date |  |
| Verification results |  |
| Number and date of the list of organizations and individuals in respect of which there is information about their involvement in extremist activity or terrorism, containing information about the client, or number and date of the decision of the interagency coordination body responsible for countering terrorist financing to freeze (block) the money or other property of the client (if there is information about the involvement of the client in extremist activity or terrorism) |  |

|  |  |
| --- | --- |
| Risk level  |  |
| Risk assessment rationale |  |
| Questionnaire storage term |  |

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/

 (position) (signature) Full name

Questionnaire update date “\_\_\_\_”\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_20\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/

 (position) (signature) Full name

Date of termination of the relationship with the client

 “\_\_\_\_”\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_20\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/

 (position) (signature) Full name

1. \* Information is specified once at the time of admission to the service and is updated if there is any doubt about its reliability [↑](#footnote-ref-1)
2. \* Information is specified once at the time of admission to the service and is updated if there is any doubt about its reliability [↑](#footnote-ref-2)
3. [↑](#footnote-ref-3)