



APPENDIX TO THE CLIENT'S QUESTIONNAIRE

J

Dear Client,

The Bank asks you to fill in the Appendix to the Client's Questionnaire (J). The Bank guarantees that the Clients' personal data, data on the Clients' accounts, deposits and deeds will be kept secret.

Please FILL IN in black or blue ink, in block letters, and MARK by "X", where it is necessary. **Thank you for understanding!**

Client's ID

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(To be filled in by Bank!)

DOES THE COMPANY, WHICH RENDERS SERVICES IN THE FIELD OF GAMES OF CHANCE, ORGANIZATION OF AUCTIONS, INSURANCE, PENSION FINANCING, AND FINANCIAL MEDIATION CARRY OUT SUPPLEMENTARY BUSINESS OF FINANCIAL MEDIATION

- 1. Must the company licence its kind of activity in the country where the company operates? Yes No
- 1.1. If the answer to the previous question is "Yes", has the company received such licence? Yes No

Note: The Client has to give licence to Bank for copying, answering "Yes" to question 1.1.

- 2. Is the company a subject to regular check-ups carried out by any supervision institution? Yes No
- 2.1. If the answer to the previous question is "Yes", specify the name of the supervision institution: _____

- 3. Does the company service other persons' monetary flows and organizes settlements among different persons? Yes No

- 4. Does the company have permanent place for carrying out business activity? Yes No
- 4.1. If the answer to the previous question is "Yes", specify address: _____

- 5. Does the company employ at least one employee working full-time? Yes No

- 6. Does the company carry out identification of its clients, verification of origin of monetary instruments, and does it keep respective documents? Yes No

- 7. Does a supervision body inspect the company's activity? Yes No
- 7.1. If the answer to the previous question is "Yes", specify institution: _____

8. Spheres of activity of the company:

- 8.1. broker's services on the financial market– specify _____
- 8.2. currency market operations – specify: _____
- 8.3. investments – specify investment sphere: _____
- 8.4. other – specify: _____

9. **Specify countries, where the company's clients are located:** _____

10. Type of clients using the company's services:

- 10.1. physical person
- 10.2. legal person

Hereby I confirm that all information rendered in this Appendix is true and full. I undertake to notify the Bank in writing immediately about any essential changes in the mentioned information.

Date: DD/MM/YYYY Client's signature: _____

I, _____, the Bank's employee (Bank's authorized person) has accepted the Appendix.

Date: DD/MM/YYYY Signature, stamp: _____