**Customer Application (Beneficiary) ─ the legal entities, submitted in accordance with the requirements of the standard for automatic exchange of information on financial accounts**

**Dear Customer !**

In order to carry out your self-certification in accordance with the requirements of the legislation of the Russian Federation: article 20.1 Russian Tax Code, Federal Law from 27.11.2017 № 340-FZ « On amendments to Part One of the Tax Code of the Russian Federation in connection with the implementation of international automatic exchange of information and documentation on international groups of companies», Russian Government Decrees from 16.06.2018 № 693 « On implementation of international automatic exchange of financial information with competent authorities of foreign states (territories)» You need to fill out this form.

The Customer (beneficiary) – the legal entity – the legal entity, unincorporated structure.

Please use only CAPITAL letters to fill out the form.

|  |  |  |
| --- | --- | --- |
| **Section 1. GENERAL INFORMATION** | | |
| Name of the legal entity / branches | |  |
| Сountry of registration | |  |
| Activity country | |  |
| *Actual legal address:* | | |
| Country | |  |
| City/other administrative region | |  |
| Street, a number of the house, buildings, apartments | |  |
| Index/analog (if available) | |  |
| *Postal address:* | | |
| Country | |  |
| City/other administrative region | |  |
| Street, a number of the house, buildings, apartments | |  |
| Index/analog (if available) | |  |
| **Section 2. TYPE OF THE ENTITY** | | |
| ***Part 1*** | | |
|  | | |
|  | 1.Investment Entity registrated/incorporated in a country (territory) not included in the list of countries (territories) with which the Russian Federation provides automatic exchange of financial information managed by another financial market organization. | |
| If you define your status as «1. Investment Entity », please also indicate your GIIN (if available): \_\_ \_\_ \_\_ \_\_ \_\_ \_\_-\_\_ \_\_ \_\_ \_\_ \_\_-\_\_ \_\_-\_\_ \_\_ \_\_ | | |
|  | 2. Financial institution:  Depositary/Banking institution  Insurer performing activities on voluntary life insurance  Professional participant of the securities market performing brokerage activities and/or securities management activities and/or depository activities  Property Trustee  Non-governmental pension fund  Joint Stock Investment Fund  Management company of an investment fund, mutual fund and non-governmental pension fund  Central counterparty  Managing Partner of the investment partnership  Other organization or structure without a legal entity, which, within the framework of its activities, accepts money or other financial assets from customers for storage, management, investment and/or other transactions in the interests of the customer, or directly or indirectly at the expense of the customer | |
|  | 3. Active non-financial company – the corporation which shares are traded on the organized market, or an affiliated company of the above-mentioned corporation | |
| 3.1. If you define your status as «3. Active non-financial company», please also indicate below the name of the stock exchange where your corporation's shares are listed: | | |
| 3.2. If you are an affiliate of a corporation, which shares are traded on the organized auction, please indicate the name of the parent corporation : | | |
|  | 4. Active non-financial company – goverment company,central bank, international organization, or an organization which 100 share(s) in the charter capital are owned by one or more of the abovementioned organizations | |
|  | 5. Active non-financial company – organization established for the purpose of direct ownership of traded shares (stakes) in organizations that are not financial market organizations or for the purpose of financing such organizations, except for organizations that own or provide financing of such organizations solely for investment purposes | |
|  | 6. Active non-financial company – newly established organization | |
|  | 7. Active non-financial company - non-commercial organization which income is not subject to taxation or is exempt from taxfinancial company | |
|  | 8. Organization in the process of liquidation or bankruptcy, which was not a financial market organization in the previous 5 years and is in the process of liquidation, bankruptcy or reorganization for the purpose of continuation or resumption of commercial activities, except for activities carried out by a financial market organization | |
|  | 9. Other active non-financial company – organization which more than 50% of total income for the previous period consists of income from operating activities | |
|  | 10. Passive non-financial company (note: if you choose this status, please also fill out part 2.) | |
| ***Part 2*** *(if you choose item 1. or 10 fill out this Part)* | | |
| Specify the names of the controlling persons of the account holder: | |  |
|  |
| *Complete the Tax Residence Self Certification Form for each controlling person you specify.* | | |
| **Section 3. COUNTRY/TAX RESIDENCY JURISDICTION and foreign tax identification number, conferred by a foreign State (a territory) equivalent of it (following – TIN)** | | |
| country/tax residency jurisdiction | | TIN, if TIN not provided, then give the reason (reasons A, B and C are given below). |
| 1. | |  |
| 2. | |  |
| 3. | |  |
| ***reason A*** *– country/* *tax residency jurisdiction of the account holder does not give TIN.* ***reason B*** *– the account holder can‘t get TIN or its equivalent for other reasons (please write below a reason).* ***reason C*** *– providing of TIN not required (if the law in your jurisdiction does not require collection of TIN data or prohibits the disclosure of TINs to their residents)* | | |
| Please provide an exact explanation if you are unable to provide the TIN because of reason B: | | |
|  | | |
|  | | |
|  | | |
|  | | |
|  | | |
| **SECTION 4. DECLARATIONS AND SIGNATURE** | | |
| * I confirm that the information in the Application is complete and correct. * I understand that I am responsible for providing false and incomplete information in accordance with a law. * I agree that the details of the account holder and the financial information on the financial accounts provided in this form to which this form applies (for example account balances, value of assets held in accounts, amount of income received or gross revenue received), can be reported to the tax authorities of countries, where these accounts are opened, and transferred to the tax authorities of other countries, tax resident of which the account holder can be an account holder under agreements on automatic information exchange on financial accounts between the competent authorities of those countries, in accordance with the financial account information exchange standard. * I am aware that in the event of my refusal to provide the Bank with information on my tax residency, related to the implementation of measures in accordance with the provisions of Chapter 20.1 of the Tax Code of the Russian Federation, Federal Law of 27.11.2017 № 340-FZ, or if incomplete information is provided (for example, failure to provide TIN or its equivalent) or incorrect information, the Bank has the right to refuse to conclude a new agreement with the Customer or refuse to operate, to the benefit or on behalf of the Customer under an existing contract or to unilaterally terminate an existing contract in accordance with the Federal Law. * I undertake to provide to the Bank with documents and/or information confirming the data provided in the Application and to inform on any changes to the information contained in this document within 30 days from the date of the change. | | |
|  | |  |
| CEO/DirectorFull name: | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date «\_\_\_»\_\_\_\_\_\_\_\_\_\_\_\_20\_\_\_. | | Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Stamp (if available) |
|  | |  |
| If it is not the account holder who signs the Form, please indicate your authority below. | | |
| Authorization:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
|  | |  |